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ABSTRACT

The six articles in this newsletter theme issue focus on three successful infant/family organizations serving families with young children either at risk for a disability or having a disability: Southwest Human Development (Phoenix, Arizona); The Ounce of Prevention Fund (Chicago, Illinois); and New Horizons Center for Children and Families of Macon County (North Carolina). In the first article, "Relationship-Based Organizations," Judith Bertacchi describes a model of organizational design which stresses relationships as the basis of the organization's work, and outlines principles of relationship-based work such as mutuality of shared goals and commitment to evolving growth. "Lessons Leaders Learn" presents the transcript of an interview with Ginger Mach-Ward and Harriet Meyer, the executive directors of two of the organizations, as they discuss the development and evolution of their organizations. "Reflective Supervision as a Vehicle for Individual and Organizational Development" (Trudi Norman-Murch) examines five key concepts of reflective supervision. In "Comprehensive Programs=Comprehensive Balancing Acts," Jan Martner reviews the experience of Southwest Human Development, stressing the difficulties of achieving a balance among many program demands and components. The fifth article, by Portia Kennel, is "Working with the Written-Off: Building Relationships in Grand Boulevard." This article examines the difficulties and successes of building a relationship-based program in an inner city setting. The last article, "A Dream Is a Work in Progress: Providing Integrated Services to Parents and Children in Rural North Carolina," by Lois Sexton and Barbara McRae, describes activities of the New Horizons Center program. Also provided in the newsletter are reviews of four videotapes and six publications. (DB)

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Relationship-based Organizations

Judith Bertacchi, M.Ed., LSW

Virginia Frank Child Development Center of the Jewish Family and Community Service of Metropolitan Chicago
Chicago, Illinois

I believe that the quality of the relationships among all the people involved in an infant/family service is key to its effectiveness. My approach to organizational design is derived from my experience as an administrator in a Family Service Agency, in particular my experience administering a Child Development Center comprised of primary prevention, clinical, and consultative services, including a therapeutic nursery-kindergarten. My experiences as a clinician working with families and their young children, as an educator, and as a consultant have formed the approach which I call Relationship-based Organizational Design.

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Editor's Note

These are difficult times for young children, families, and the people who work to promote their healthy development. Yet despite growing demands, shrinking resources, and constant uncertainty, some infant/family organizations manage not only to thrive, but to flourish.

We asked leaders of three such organizations — Southwest Human Development, The Ounce of Prevention Fund, and New Horizons Center for Children and Families of Macon County —to share with *Zero to Three* readers what they have learned from more than a decade of infant/family work. They have generously recorded not only their guidelines but also the stories of how they reached integrated visions of what Judith Bertacchi calls "relationship-based organizations."

To serve very young children and families well, these leaders suggest, an organization must have a clear mission (re-visited regularly), astute leaders, well-trained and supported staff, and an infrastructure specifically designed to support staff's work with families. The value of relationships is felt throughout the organization, most specifically in the emphasis placed on reflective supervision for all staff and appropriate consultation for leaders.

We are extraordinarily grateful to Portia Kennel, Ginger Mach-Ward, Jan Martner, Harriet Meyer, Trudi Norman-Murch, and Lois Sexton for taking time from their extremely demanding duties to distill their experience for readers of *Zero to Three*. Special thanks go to Judith Bertacchi of the Virginia Frank Child Development Center of the Jewish Family and Community Service of Metropolitan Chicago, whose insights into infant/family work, workers, and organizations are helping agencies across the country serve young children and families more effectively, and who served as midwife, doula, and psychological parent to this whole issue.

Emily Fenichel, Editor

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Zero to Three Staff

Editor, *Emily Fenichel*
Consulting Editors, *Jeree Pawl and Jack Shonkoff*
Assistant Editor, Videotapes, *Margie Wagner*

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Relationship-based Organizations
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Much has been written about the content and scope of services for infants, toddlers, and their families, and about the supervision necessary to support infant/family practitioners. This article is about the organizational model best suited to support the provision of relationship-based services to families with very young children. It discusses principles and structural components of relationship-based organizations, stages in the development of an organization's infrastructure, the roles of leaders and supervisors, and the theoretical grounding for relationship-based organizational design.

Defining principles of relationship-based work

In my consulting work with organizations, I have identified seven principles of relationship-based work that can be applied to direct service staff, supervision, and the development of an organization. The principles that I enumerate should not be espoused in order to form a more loving work place. The goal is, rather, to make sure that an organization's "way of doing business" supports the smooth and efficient functioning of the services dictated by the organization's mission. There is a definite parallel between the relationships that line staff form with families and their children and the relationships that staff form with administrators and support staff of the organization.

1. Respect for the person: This principle implies acceptance of the whole person, with his or her strengths and vulnerabilities. It makes getting to **know** staff a priority for managers. With respect for the person and for teams of people comes, predictably, awareness of differences of opinion. These are best resolved in a forthright manner, or they fester and undermine service delivery.

2. Sensitivity to context: A person must be understood as influencing, and being influenced by, his or her environment. A worker in a high-risk setting, for example, will be affected by the ongoing risk of violence.

3. Commitment to evolving growth and change: Organizations dedicated to promoting the healthy development of young children and their families need also to be committed to acknowledging and promoting the development and growth that are possible in staff. A common implementation of this principle occurs in setting and reviewing supervisory goals. Developmental theory is applicable here.

4. Mutuality of shared goals: Staff relationships are most profitably rooted in shared goals for families and children, for programs, and for departments and divisions. Sharing and communicating goals is an ongoing process that occurs throughout the organization.

5. Open communication: The organization puts in place clear channels and forums for discussion of the work with colleagues and team members. All established arenas for communication are used regularly and consistently.

6. Commitment to reflecting on the work: Supervisory time is set aside regularly to discuss the relationships formed with families as well as relationships with colleagues.

7. Setting standards for staff: All staff learn and grow. The values and ethics of the various professions involved in the organization's delivery of quality services are modeled, highlighted, and shared with all staff. These standards then become the ideals toward which all staff can strive.

The mission statement

A clear mission statement that is understood and accepted by board and staff is a key component of a relationship-based organization. Each organization has its own mission statement, most usually crafted by the organization's founders. Mission statements are most valuable when they articulate clearly the values and

Robert Maust

purposes of the organization.

It is essential for board, staff, directors, and supervisors of an organization to share an ongoing understanding of and commitment to the mission. Without such ongoing understanding and commitment, the organization is vulnerable to temptations to wander far afield from its mission. Seductions are frequently related to changes in funding streams (drying up or beginning to flow). An example of this would be a request for proposals for two-year demonstration programs to provide a prescribed set of services to a narrowly defined population of children and families. As a result of such short-term "opportunities"—often the result of fairly hasty state or federal legislation—organizations and, more importantly, vulnerable families, not infrequently find themselves "seduced" into involvement, only to be "abandoned" when funding is not renewed.

Excitement about a new research finding or intervention approach can also become translated into overly simplistic services for families. (Remember the Doman-Delacato "patterning" techniques to treat young children with brain damage?) An apparently promising "cure" or "quick-fix"(or even "innovative approach") may lift the hopes of staff and families, but if a new approach becomes the only one offered or invested in by staff of the organization, grave harm can be done. The organization can lose its holistic, developmental approach, which understands children and families in the full context of their history, their environment, and their individual needs.

Like the North Star, the organization's mission statement provides a steady guide for everyone. The mission statement should be revisited regularly and **must be revisited** at times of change.

Stages of organizational development

While an organization's mission may remain steady throughout the life of the organization (unless it is deliberately revised), the infrastructure of an organization necessarily evolves over time. Organizations do not begin with all of their infrastructure in place. Rather, evolution occurs as people and changing times converge to shape the structures that govern service delivery. Eventually, some of these particular ways of operating, solving problems, and using the talents of staff become so characteristic of the organization that they are seen as norms, living "in the bricks" of the organization. These norms often remain in place throughout the organization's lifetime.

The first stage of organizational life typically revolves around the implementation of services to carry out the organization's mission. This stage often involves an intensive focus on the meaning of the relationships formed by staff and families. The second stage usually involves a shift of attention to infrastructure. As leadership and staff find themselves beginning to spend considerable time "putting out fires" rather than reflecting on the quality of services or planning for the future, they recognize the need for institutional support for service delivery. They then begin the process of building and refining the organization's internal systems.

Leaders of organizations whose mission is to serve families with very young children would be wise, when building and refining their organization's infrastructure, to keep in mind the theory of parallel process. Well-elaborated in clinical writing, the theory of parallel process springs from an understanding of the parenting process. The theory suggests that just as parents re-experience—and struggle to master — the emotions and conflicts that surround developmental achievements in their children's earliest years, so do staff who work intimately with the very same issues. The intense emotions that staff experience daily in their interactions with families and young children also play out in the interactions that staff have with each other and, exponentially, throughout the organization.

I was impressed once again by the phenomenon of parallel process as I spent time this fall in child care center classrooms and observed several little ones struggling with missing their parents. The classroom "curriculum" consisted, appropriately, of hours of sadness and tears, holding (or deciding not to hold), comforting, and offering oneself to the children and their parents for soothing. Staff working with the youngest children are often operating in the realm of the pre-verbal. They are as much in need of support and "holding" as are the mothers of young infants. Organizations that come to appreciate the demands placed on the direct service staff will ideally respect staff needs when they plan for supervision and professional development.

If the theory of parallel process is kept in mind, it becomes relatively easy to plan for predictable periods of intense feeling, like the beginning and end of the program year. Staff recognize that they will need to soothe and comfort and make decisions about what will be most helpful for particular children and parents in their program. Managers realize that direct service staff may need extra support (or fewer organizational demands) at these times. The theory of parallel process also helps to explain aspects of staff functioning that are less predictable or easy to observe. Tensions and conflicts that arise in collaborations and among team members can often be traced to issues that are taking place within participating families, as the following vignette illustrates.

> Although Susie, a social worker, and Laura, a language specialist, have always worked easily together in their early intervention program, lately they have been irritated with each other. They are finding it difficult to discuss their work with the Henderson family. Susie insists that her way of seeing the toddler's needs is the only right way. Laura is convinced that only her view of appropriate goals make sense. So now collaborators who in the past worked easily and creatively with a number of families find themselves increasingly unable to talk with each other at all about

how best to plan with the Hendersons for their child. Moreover, the growing irritation between Susie and Laura is spreading throughout the larger team and jeopardizing planning with other families.

After they have spent several supervisory sessions, individually and together, exploring what is going on, Laura and Susie realize that Mr. and Mrs. Henderson often argue about the right path to take with their child. The parental conflict is intense and quite upsetting to both Laura and Susie. Without being aware of it, they have each selected a different parent to "side with." When their repetition of the parents' conflict is pointed out to Laura and Susie, they are amazed and a bit embarrassed, because this re-enactment was not in their control. It had not occurred to them before that they could be pulled in to the parents' struggles so powerfully.

As families work to accept the unique challenges faced by their child(ren) and themselves, while participating in developing plans that are "doable" their ups and downs, including conflicts over which path to take, are experienced deeply by the staff who share their journey. Supervisors play a critical role in helping staff reflect and slowly come to understand that this is the way that some families allow us to get to know them at a very deep level. Again, if the power of parallel process is understood, the organization can plan an infrastructure that is prepared to deal with it — in this case, through reflective supervision.

Work with infants, toddlers, and their families necessarily engages the heart as well as the mind, the emotions as well as the intellect. In order to be successful, staff, supervisors, managers, and leaders of infant/family organizations must maintain an openness and commitment to examining their reactions and their feelings — both positive and negative — toward participating families and the staff who serve them. Consequently, as an organization gradually develops norms and creates an infrastructure, leaders must ensure that these indeed support open communication and reflective practice.

Departments within the organizational infrastructure: Touchpoints of a relationship-based system

To assess the degree to which an organization is in fact relationship-based, one should examine the most important sections or departments of its infrastructure: 1) the executive; 2) the managerial/supervisory structure; 3) the personnel department; 4) accounting/payroll/finances; 5) research; and 6) training.

Each of these departments contributes significantly to the smooth delivery of services. Together, they create not only the context for service delivery, but also the staff's total experience of the work environment. Consequently, it is important to observe and understand the tenor and tone of each of these elements of the organizational infrastructure. If relationship-based principles

Faith Bowles

are to permeate an organization, then each of its departments must be built on the same principles that guide the direct services to families and children. Again, the relationship of agency structure to staff will parallel the relationships staff will have with families. Although this article pays particular attention to large organizations, the principles are equally applicable to smaller programs. Smaller programs may require a less elaborate infrastructure, or the functions of several "departments" may constitute only part of the job description of a single staff member. Nevertheless, even small service organizations profit from clarity of mission, an investment in supervision, and a well-articulated way of doing business.

In an organization serving families with young children, staff that make up the organizational infrastructure must be as tightly connected as direct service staff to the organization's mission. They must believe in the services that are developed and offered to participating families. When they realize how closely their own work is connected to the services that families and children receive, their sense of pride and commitment to their work can flourish. Orientation for new employees should include discussion of the organization's mission and its implementation through programs and services. Ongoing supervision and training of all staff should be

designed to increase their understanding of the wonders, complexities, and struggles that families with young children and the staff who support them face every day. All staff need to feel and believe that their "backstage" work is a major contribution to the success or failure of the organization's services to families.

The touchpoints of any organization are revealed in the day-to-day contacts between the infrastructure, direct service providers, and program participants. Administrators have recognized for some time the powerful messages conveyed to families by an agency's telephone operators, receptionists, and other administrative staff. It is equally important to recognize that what staff members experience in their own interactions with the agency's payroll department or personnel office becomes staff's experience of the organization's values.

> One Friday morning, Mary, a caregiver in the child care program of a large multiservice agency, goes to the office on her morning break to pick up her paycheck. Sally, the secretary, flips through the checks and sees that Mary's is missing. Sally tells Mary that she will call the payroll department to see what has happened. Mary, meanwhile, goes back to her group of toddlers.
>
> At naptime, Mary once again goes to Sally and asks if she has heard from the payroll department. Sally replies casually, "Nope, they haven't called back yet." Mary is quite upset and says, "Please call them immediately and tell them that this is an emergency!" Sally does this but is told, "Mary's paycheck is not an emergency here. Our computer has a glitch that has to be worked out. We'll call you back." Sally repeats this response verbatim to Mary. She is now furious. "What am I supposed to do? I need to get my check to the bank today!" Sally says she doesn't know what to do. Her instructions are to wait for the payroll department to call her back.
>
> Mary storms off, goes back to her group, and shares what she has heard with her team colleagues. Everyone tries to think of solutions for Mary and feels less valued by "the agency" than they did this morning. This afternoon, less staff energy is available for the toddlers in the group. If the situation is not rapidly resolved, it would not be surprising to see the upset spilling over into the care of the children and to staff beyond Mary's team.

Who can help? Who should be involved? What is the system problem here? What is the solution?

A relationship-based organization would work with the payroll department to accept the principle that **the staff of a non-profit organization is its primary asset. If the organization's "product" is service to families and children, the staff are the producers and guarantors of that product.**

The organization would begin to institute a supervisory system within all departments so that staff could experience having their accomplishments, needs, and frustrations listened to and taken seriously. These departments' connections to direct service staff and thus to families would be emphasized in managerial discussions and planning. The goal would be recognition that a financial emergency for Mary (especially one created by the organization itself) is an emergency for the payroll department, one that requires immediate attention. Lack of a solution interferes with production!

The challenges for leadership of relationship-based organizations

Leaders of organizations soon learn that they can expect no absolutely quiet, calm months, weeks, or even days. A leader's first challenge is to understand that she or he will constantly need to adjust priorities and make decisions calmly in an ever-changing context. Once a leader accepts the fact that in organizational life the unpredictable is the predictable, this no longer needs to be resented.

A second challenge for leaders is staff resistance to new ideas. Resistance will surface whenever an organization becomes involved in substantive change — like embracing relationship-based principles. Some staff members resist by refusing to see anything new in an idea ("That's not a new idea." "What's the big deal?" "Here we go again!"). Wise leaders will recall that just as a therapist always respects a client's need to resist before change can occur, resistance in an organization can be seen as a form of energy — proof positive that change is in the air and that staff are processing it. It is usually more productive to work with the resistance by opening up discussion and allowing the expression of differences of opinion at every opportunity than to pretend that no differences exist or to ignore the discomfort of staff.

A third challenge for leaders is to establish a comprehensive and well-integrated organizational infrastructure. This will become the basis for the solidity, predictability, and accountability that characterize relationship-based management. With an appropriate infrastructure in place, staff will begin to believe that their needs, as they relate to serving families and children, are of paramount importance to the organization. The infrastructure will, in turn, be able to respond to the flow of the organization's daily demands. Once this stage of organizational development is achieved, leaders will have more time available to set priorities among the opportunities and challenges that come across the desk (or the Internet). A well-functioning internal structure allows the leaders of an organization to be proactive rather than reactive.

Theoretical underpinnings of relationship-based organization

Principles of both human development and management theory support relationship-based organization. Human development theorist Abraham Maslow, for example, describes a hierarchy of human needs

(Maslow, 1954). Once a person meets his most basic needs, he moves up the pyramid to achieve ever-higher levels of personal satisfaction, eventually arriving at the level of "self-actualization." Transferring this paradigm from individuals and families to organizations, we can begin to understand, plan for, and attend to the evolving or developmental needs of staff. Staff whose professional development is attended to are then in a more secure position to foster the development of the families and children they serve.

Maslow's belief in "internal motivators" rests comfortably with contemporary management theorists. Some years ago, Frederick Taylor and other proponents of "Theory X" saw workers as constantly in need of top-down control and direction. These theorists did not believe that workers might derive pleasure from work well done and consequently did not trust them. In contrast, Griffiths, Deming, and other exponents of "Theory Y" argue that most workers have an innate impetus to "do a good job." In an organization structured to reflect Theory Y, each department must operate to ensure that workers' desire to do well can be fulfilled.

If the wishes of staff to develop professionally and to succeed in their work are truly respected, then it follows that staff should be involved in the processes of organizational decision-making. Among management theorists, Griffiths (1956, 1959) places particular emphasis on this aspect of organizational life, saying, "Show me the decision-making structure of an organization, and I will know all about it." He suggests that the person who controls the decision-making process — that is, creates the arenas for staff input and incorporates staff's experiences and ideas into decision-making — will be the person with the greatest amount of authority in the organization. In other words, leaders who move to a more process mode of decision-making do not relinquish their authority. In fact, they actually become stronger leaders. If leaders can establish an organizational atmosphere in which creativity springs from staff ideas as well as from theory, research, and practice-based experience, then relationship-based work will truly flourish.

Communication and accountability in relationship-based organizations: The supervisory system is key

Including staff in decision-making and valuing the principles of relationship-based work are the responsibility of managers throughout the organization. The organization's leaders must help managers learn to support these principles or risk a dangerous dissonance between the organization's mission and its infrastructure. Once an appropriate infrastructure is in place, establishing mechanisms for ongoing communication and accountability still require considerable energy.

In relationship-based organizations, supervisors are the people who embody and carry out the organization's norms and standards. They are the people who, from experience, can develop the benchmarks that staff strive to achieve. It is within supervisory relationships that principles of communication and accountability are translated into practice. When the principles of regularity, mutuality, and reflection become operative — not only within individual supervisory relationships, but throughout the organization — then and only then will a relationship-based infrastructure be fully in place.

Relationship-based organizations, then, require ongoing communication between administrators and supervisors for purposes of accountability and planning. Program participants will be well served only if program supervisors and staff are at the center of the organization's planning. Program supervisors need support, too. If administrators and managers are isolated from supervisors, gaps in and blockages to communication, commitment, and trust will occur; services to children and families will suffer.

In relationship-based organizations, supervisors become the primary conduit for translating the organization's mission into program practice and for ensuring the quality of the specific services provided. Supervisors are also charged with carrying what they learn from staff about day-to-day issues facing families and children in the community back to leadership or the organization's research department. In smaller organizations, supervisors may lack peers who understand what is involved in the constant balancing of attention between organizational mission and the daily demands of service provision. For supervisors who are thus isolated, links to colleagues, a consultant, or a mentor become absolutely necessary.

Conclusion

Just as there is no perfect family, there is no perfect relationship-based organization. It is the ongoing striving to achieve the organization's mission that is the hallmark of a quality organization. A relationship-based organization will come to accept that staff are its prized possession. Quality service is the end product of staff's efforts. All of the decisions that affect staff will be determined and guided by the very same principles that inform relationship-based services to families and their young children.

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EDITOR'S NOTE: In her essay, "Relationship-based

Lessons Leaders Learn

A conversation among

Ginger Mach-Ward, Executive Director, Southwest Human Development, Phoenix, Arizona;
Harriet Meyer, Executive Director, Ounce of Prevention Fund, Chicago, Illinois; and
Judith Bertacchi, Director, Virginia Frank Child Development Center, Jewish Family and Community Service, Chicago, Illinois

Organizations," which opens this issue of *Zero to Three*, Judith Bertacchi observes that "the . . . challenge for the leadership of organizations serving families with young children is to know that the one predictable variable is the constant adjusting of priorities and the ongoing need for calm decision making." In order to offer readers a view of how two experienced directors of large infant/family organizations meet this challenge (among others), we arranged telephone interviews with Ginger Mach-Ward, Executive Director, since 1981, of Southwest Human Development in Phoenix, Arizona and Harriet Meyer, Executive Director since 1991 of the Ounce of Prevention Fund, a statewide organization headquartered in Chicago, Illinois. What follows is an edited version of these conversations.

Judy: *We'd like to understand how your organizations have grown and changed, and also about your evolving roles as leaders. Perhaps it would be useful to begin at the beginning—Ginger, what made you start Southwest Human Development? Harriet, how did you become interested in the Ounce of Prevention Fund? Can you tell us something about the evolution of each organization?*

Ginger: More than 15 years ago, I was working at the Maricopa County, Arizona, Human Resources Department on a special project using a multidisciplinary approach to serve children with disabilities enrolled in Head Start. I could see the need for comprehensive services for children and families, and I was interested in developing programs in communities. When the County decided in 1981 to stop providing services directly and start contracting with community-based organizations to provide services, I decided to establish Southwest Human Development (SWHD). I was able to take my project with me, and, with a staff of 10, we started to build a system of services for children with disabilities and their families.

When there was an open competition for Head Start funds in 1982, Southwest Human Development applied to become a Head Start grantee within the city of Phoenix. For the next seven years, we continued to add programs to the agency — a Resource Access Project (training and technical assistance) under Head Start, child protective services work, one of the state's first programs for infants and toddlers with disabilities, and an NICU follow-up program.

We had realized in our Head Start work that many issues families were dealing with couldn't be handled by a single program. Our goal was to access as many community resources as possible and to put them together for families. Although we are still well-known for our work with very young children with disabilities, about seven years ago we really began to see ourselves as a comprehensive human services agency. At this time, SWHD is the only organization in Arizona that offers a full range of services to families with infants, toddlers, and preschoolers. Because of our body of experience, we are more and more involved in shaping state policy that affects young children and families, and we hope that comprehensive services will eventually be available to families in all parts of the state. The most significant reason I am in this business is that I want to help change and shape public policy as well as develop an infrastructure of services for very young children and families.

Harriet: My husband and I had been interested in the issue of children in poverty. I had semi-retired from the international work I was doing in New York to raise my small children. I was new to Chicago and decided to volunteer so I could get a sense of the kind of work that was available. Someone suggested that I call Bernice Weissbourd at Family Focus, an agency that operates family resource centers in Chicago. Bernice asked me to work on a policy event she was planning for the Family Focus Tenth Anniversary. After I was with Family Focus for a year, she introduced me to Irving Harris. Before I knew it, I was hooked. I helped Irving with the construction of the facilities for the Beethoven Project (the Center for Successful Child Development), negotiating with the Chicago Housing Authority and hiring community residents to work in the center. Then I returned to the Family Focus center at Lawndale, overseeing a full-scale renovation of that family resource program's space and doing home visits with participating families. At this point I began to get involved in program development and policy work with the state-funded replication of the Beethoven Project. I was recruited to the Ounce's Board of Directors, and during an extensive job

search for their new executive director, the job fell in my lap.

Organizations go through their own developmental growth processes just like children. They need the leadership that best suits them at a given time. I don't believe that I could have developed the Ounce from its inception. The agency's experience under the guidance of a developmental psychologist like Judith Musick (the first Executive Director), who understood the needs of adolescents and young children, defined our identity during the early years. Then, after five years of rapid growth, when Judith Musick left to write her book on adolescent parenting, the Ounce was fortunate to have the leadership of Judy Langford Carter for a short time to help the organization navigate the political waters here in Illinois. Judy brought to the Ounce an understanding of the importance of advocacy, politics, and policy work, combined with program development. Her creation of KidsPEPP, the Ounce's policy division, as an integral part of the organization, has forced us to think about policy issues and patterns of legislation that ultimately have a great impact on the lives of the families with whom we are working. When I took over as Executive Director, I was able to use my management skills to knit together the multiple activities of the Ounce. My specific interest in early childhood and in research and evaluation, as well as my understanding of the importance of external communications, has solidified the original work done by my two predecessors. I often reflect upon my luck at inheriting an organization so rich in human resources. In turn, I hope that my successor will inherit an organization whose capacity is strong enough to withstand any external assaults while continuing to thrive and develop in new programmatic areas.

One way of capturing the Ounce's development is to describe two Ounce programs that have become national models. Each one started as a response to specific problems faced by front-line practitioners who were working with adolescent parents. Information began to flow from the ground up. The Heart to Heart program began over a decade ago when we recognized the apparent link between the experience of childhood sexual abuse and childbearing during adolescence. Our learning began when our site workers heard from teen mothers, who had learned to trust them, about their experiences of sexual abuse. These reports were reinforced by the results of a sexual abuse prevalence survey. In response, the Ounce developed the Heart to Heart program-within-a-program, whose primary goal is to prevent sexual abuse by strengthening the ability of adolescent mothers -- especially current or former victims of abuse -- to protect their children from this and other kinds of victimization. A specially designed 12-week support group reinforces the mother's desire to be an effective, nurturing parent and also strengthens her sense that she can protect herself and her children. The program reaches out to the community, helping create a

The Ounce of Prevention Fund

The Ounce of Prevention Fund was established in 1982 as a public/private partnership to promote the well-being of children and adolescents by working with families, communities, and policy makers. This partnership combines public resources with private funds to develop and test innovative strategies to prevent problems such as adolescent pregnancy, infant mortality, developmental delays in children, school failure, and child abuse and neglect. Ounce program and policy work with government is based on the conviction that it is more cost-effective and caring to prevent physical, social, and psychological problems early on than to treat such problems later in life. More than 5,500 Illinois families, primarily residing in high-risk, low-income urban and rural communities throughout the state, accessed Ounce services in Fiscal Year 1996.

The Ounce's major programs include:

Parents Too Soon (PTS): An early childhood intervention program aimed at pregnant and parenting teens. PTS focuses on building strong parent-child relationships among this high-risk population. The model includes a combination of home visits, support groups, and child care services designed to improve child health outcomes, increase self-sufficiency among parents, decrease subsequent pregnancies, and address child abuse and neglect. PTS also works with youth who are at risk for early childbearing, in both school and center-based programs, intervening in ways that have proven to be effective in preventing teen pregnancy and other risky behaviors.

Toward Teen Health: The Ounce administers school-based health centers in three Chicago public high schools and one elementary school, serving a total of more than 1,500 students. These clinics provide routine physical examinations, immunizations, family planning, gynecological, and prenatal and postpartum care, and they offer mental health and health education services.

Early Head Start: Findings from recent brain development and early learning research indicate that the very early experiences of children are so powerful, they can completely change a person's life trajectory. Early Head Start aims to improve the growth and development of children before they transition to Head Start by providing health care, developmentally appropriate activities and supportive services to parents.

Head Start: The Ounce serves nearly 900 children ages 3-5 through home and center-based programs at nine sites in the metropolitan Chicago area. The programs are innovative and comprehensive in their approach to families. Head Start continues to prove its value in economically depressed communities as an important compensatory education program.

Kids Public Education and Policy Project (KidsPEPP): KidsPEPP increases public awareness about the critical importance of the early years for healthy child development. Through work in coalitions, policy and legislative analyses, and direct advocacy efforts, staff promote policies and practices which focus on prevention.

Research and Evaluation: All Ounce programs are evaluated through the collection and analysis of data to link project activities with their proposed outcomes. The Ounce also supports the work of scholars performing basic research among its populations or studying its programs.

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network of involved adults concerned about sexual abuse. Heart to Heart activities have expanded dramatically across the state, giving a voice to parents and staff who have felt isolated and without support. An added benefit is that Ounce-funded staff at sites across the state feel connected to each other as they train volunteers and former participants to facilitate Heart to Heart groups.

The Ounce's Developmental Training and Support Program (DTSP) (described in detail in *Zero to Three*, August/September, 1993) grew out of our recognition that because practitioners working with adolescent parents are often faced with so many urgent demands from the teenager and her family, they feel unable to focus sufficient attention on the needs of the developing infants and toddlers. The DTSP helps programs to redirect their services from a parent-centered approach, focusing on parents' crises, to a parent-child relationship approach that builds on family strengths to enhance the development of children, parents, and families. The key is creating a crucial sequence of support, where supervisor and front-line staff (usually home visitors), staff and parent, and parent and child all learn from and respond to one another.

Judy: *I've learned that organizations do not begin with all of their infrastructure in place. How did the infrastructures of Southwest Human Development and the Ounce of Prevention develop? Where are they now?*

Ginger: Southwest Human Development has had lots of stops and starts and growth spurts. At the beginning, we saw ourselves as a group of people who wanted to do good things for children and families. It wasn't until 1986 or 1987 that I even began to worry about our administrative infrastructure. But here's perhaps the most valuable lesson I can pass on to other leaders of infant/family organizations: **Pay attention to the business end of what you are doing.** Too many agencies depend on a single source of funding and don't think about contingencies. Many agencies are in financial trouble due to cuts in state and Federal funding, and I think the field will see a great deal of consolidation, or even elimination, in the next few years.

By 1988, SWHD had about 120 employees (we now have over 300). The agency's rapid growth had really caught up with us. We didn't have adequate administrative support—especially in the financial area—to really be able to stay ahead of the demands of the agency and its programs. So that year we had our first

Southwest Human Development: Helping Children and Families Thrive

Southwest Human Development (SWHD) was founded in 1981 as a non-profit educational and human services organization. Today, SWHD is the state's largest community-based group of its type. Our staff of 300 serves approximately 8,000 young children and their families each year in Maricopa County.

The mission of Southwest Human Development is to provide a continuum of quality direct services for children and families. The agency serves as a partner in the creation and development of programs, while advocating for innovation in service delivery. These programs respect diversity and foster self-sufficiency by supporting parents as the primary educators of their children.

SWHD programs include:

- **Head Start:** Education, health, nutrition and social services for low-income children 3 and 4 years of age and their families.
- **Early Head Start:** In-home comprehensive direct service program for low-income, first-time mothers when pregnant or with an infant under 1 year.
- **Psychological, mental health, special education, and speech pathology services.**
- **Early intervention services:** Home-based and center-based programs, therapy services, infant and toddler playgroups.
- **Family support services:** Parent aide services, parenting classes, parent support groups, and home visiting.
- **Child abuse prevention and treatment.**
- **Training and technical assistance.**
- **Children's Lekotek and Compuplay:** Learning centers that support the educational advancement of young children with disabilities and their parents.
- **Preschool services:** Operation of preschool programs and technical assistance to child care centers and public schools.
- **Nursing services:** In-home developmental follow-along of high-risk infants. Licensed Home Health Agency for home health and case management nursing services.
- **Southwest Day School:** A program for children 5-8 who have learning disabilities, speech/language delays, or attentional deficits.
- **Side By Side Preschool:** Integrated preschool program designed for children with autism.
- Assistive technology services.
- **Wolf Trap Institute for Early Learning through the Arts.**
- **Healthy Families Maricopa County:** Assistance to families of newborns who have been assessed as "at risk" for child abuse.
- **Good Foundations for Families, Infants, and Toddlers (Good F.F.I.T.):** A group of programs focusing on the enhancement of the parent-infant/toddler relationship and the training of professionals in this area of service.
- **Research, advocacy and program development.**

SWHD receives funds from the US Department of Health and Human Services, Arizona Department of Health Services, Arizona Department of Economic Security, Maricopa County local education agencies, Maricopa County and City of Phoenix Department of Human Resources, Arizona Department of Education, private foundations, corporations, and private donors.

agency retreat. We revisited the mission statement and asked ourselves what we needed to support staff and programs, how we could create more streamlined departments, and how we could ensure that finances were under control. During the next four years (1989–93), 10 directors of different SWHD programs worked together to develop an agency structure. In 1993, we hired our first development director, completely revised our brochures, again revisited our mission statement, and developed agency-wide training for people from different departments.

This year we re-organized once again and now have five departments: Head Start, Family Support Services, Services for Children with Disabilities, Family Health and Wellness, and Training, in addition to Offices of Administration and Development. We have worked hard to be sure that our organization chart is understandable to people and shows clear lines of authority. People know where decision-making points are in the agency.

Harriet: The first thing I did as Executive Director was to begin rebuilding the organization. Now we have a pretty well-oiled management structure. To some people that may sound boring, but without it, an organization can't respond to programmatic, policy, and research needs. For example, we've developed a Management Information System from the ground up to track child and parent outcomes (see sidebar, p. 12).

Judy: *What qualities do each of you look for in a manager?*

Ginger: In the beginning, I looked primarily for someone who had vision, was creative, and was highly respected in their profession. Most of the people who came to SWHD had been working in large, bureaucratic organizations, like state agencies and hospitals. They wanted to be freed from things like rigid systems and policies that had limited their vision for developing services. I operated a lot on first impressions. For the most part, I was lucky, but I realize now that most of the staff who were hired into administrative positions needed a lot more support and training than I was able to provide at the time. But then I was just learning myself, along with everyone else.

Today, I think more systematically. I want to be sure that new hires see themselves as "lifelong learners" and that they are philosophically in tune with our relationship-based approach to working with families and to staff supervision. Now we discuss our principles of practice right up front, during the interviewing process. People know what they are getting into, they're grounded from day one, and we can both think about whether there seems to be a good fit. We also have training and support built into the administrative structure at every level.

Harriet: My own lack of field expertise in infant/family work forced me to hire talented and experienced staff, and I listen to them. I've created a team of people who work in step with one another. My job is to be the "scout" or "tracker"—I should always be 100 yards ahead of everyone else, scoping out the lay of the land and finding good people and the resources to hire them so that I can help move our mission forward.

The lesson we learned as the Ounce metamorphosed into a large relationship-based organization (we directly employ more than 150 people) was that there need to be structures in place to catch people as they grow professionally, falter, or need support. Earlier on in our development, because we operated disparate programs, we had nothing like that in place, so we lost many good people.

The first major structural change that took place was the integration of our program, evaluation, and policy work. Each division had always been strong, but they worked independently of one another. It was critical to have program people think about research and policy as they developed programs, and equally important for policy work to be grounded in the realities of program. The same held true for research. I can honestly say that all of the staff from these various divisions now think about each other's needs almost as naturally as they think about their own. This has taken years, and it is a significant accomplishment, because the Ounce has a multifaceted approach to its work rather than a narrow focus.

The second structural change was the implementation of supervisory relationships that begins in the Executive Director's office and ends with our field workers. Besides developing the individual supervision structure for all Ounce employees and training staff in how to do relationship-based supervision successfully, we have added an overlay of team supervision that is more horizontal in nature. It allows managers, teachers, team managers, and executive staff to work together with a group of like professionals in a collegial way, and provides them with an opportunity to air issues with coworkers within a "safe" environment. Although we have not yet perfected our relationship-based work, I feel that we are certainly off and running.

The Ounce has also had the benefit of working with highly talented consultants, who have helped us make the transition to relationship-based work. But access to good people certainly isn't everything. There must be an organizational commitment to the theories that the consultant brings, and it must be shared throughout the organization. This can take a lot of time to accomplish and may elicit major changes in the agency. And change can be messy.

Judy: *We have talked about your organizations' evolving structures and what you look for in staff—how do you see components and people fitting together to make a "relationship-based organization"?*

Ginger: Focusing on relationships makes sense at every single level of our organizational work and, of course, parallels our mission with families. Relationships are

The Ounce of Prevention's Management Information System

The Ounce of Prevention Fund and its partner, the Illinois Department of Children and Family Services (DCFS), have worked together for the past 14 years to develop an information system that would not only track our services but also indicate our success working with teen parents and their children. Parents Too Soon (PTS) is an early childhood intervention program aimed at teen parents and is administered through approximately 40 community-based agencies across Illinois. The PTS program model includes home visiting, group services, and other family support services offered in rural, urban, and suburban settings. Although each community-based PTS agency looks different, the programs are similar enough to allow collection of meaningful outcome data concerning our many participants.

The first decade of this effort was, frankly, disappointing. Data collected consisted mostly of self-reports from participants, often without sufficient documentation to back them up. In 1993, we decided to develop a new Management Information System (MIS) in partnership with our PTS sites. The MIS would be community based, computer operated, and developed from the bottom up. We were determined to use this opportunity to integrate both the needs and the expertise of each user group -- field staff, agency management, parents, and Parents Too Soon administrators. Direct service staff, supervisors, managers, executives, and policy staff came together in regular work groups to debate (and ultimately reach consensus about) the most important measures of effective parenting and child development, and how best to document progress. The new system design rested on three key assumptions:

1. The system reflects respect for the data needs of all user groups, including direct service staff, supervisors, and program directors. We agreed on a core set of information, including client demographics, program design, and documentation of participant progress toward specific goals. We realized that the system design needed to be vertically integrated to recognize and respect each group's needs and the value of their work in supporting families and children.

2. The key to sustainable, cost effective, and reliable data collection is building that collection into the work of direct service staff in a way that adds value to their services and can ultimately improve program operations and design.

3. The data system will track the delivery of services as participants make incremental steps toward their goals in "real time." These intermediary indicators of movement need to be individual, culturally sensitive, and developmental in nature. Identifying the rungs of the ladder toward success has helped us to agree upon what is, in fact, positive growth among our participants.

After a full year of data collection under the new MIS, we are confident that the system gives us core tools to link participant demographics and assessments with program utilization, which, in turn, leads to changes in the lives of participants. On-site support for the system will provide us with an opportunity to collect longitudinal data and include follow-up of many of our former participants.

Our various user groups are finding the system helpful. Direct service staff record information at intake that can inform their work with participants. Staff also use the MIS to quickly review program usage, print reminders for follow-up appointments, and create work reports for their supervisors. Supervisors and program managers use the MIS to assess their true cost of doing business. The system allows them to monitor the actual time it takes to engage clients, drop-out rates, and the auxiliary services clients receive. It provides supervisors an opportunity for early identification of potential problems between participants and staff. Ounce policy, research, and executive staff are tracking the same cost issues and have begun to make site-by-site comparisons of interventions and outcomes. We are confident that we will ultimately be able to develop even more sophisticated assessments, track types of intervention back to types of presenting problems, and measure participant progress. All of this will help us evaluate the long-term effectiveness of Ounce programs.

supported by a clear organizational structure, where everyone has input into decision-making and knows where decisions are being made and the expectations of them. The Principles of Practice that are discussed with every employee during orientation describe the ways SWHD carries out its mission. The principles are:

1. Learning as a lifelong process
2. High-quality programming and services
3. Cultural/linguistic diversity and sensitivity
4. Working in partnership with families
5. Promoting self-sufficiency
6. Relationship-based supervision
7. Innovative responsiveness to community needs through community collaboration.

Implementing these principles means providing adequate support for staff at all levels. A relationship focus has made our organization much tighter than it's ever been. As director of the organization, my biggest challenge is setting the pace, knowing how much change I can expect from people, being able to interpret that differently for different people, and supporting people's ability to move forward in their different endeavors. Staying true to a relationship focus means that I don't expect the agency to grow and change with everyone marching in lockstep—I have to set a pace that is reasonable for individuals. After years of rapid growth, we are going slower, being more introspective and thoughtful.

Harriet: Implementing relationship-based supervision throughout all of our programs, throughout the state, helped the Ounce continue to define its role. The process has been long and was hard for me to adapt to since I don't come from a background that thinks of supervision as a "relationship for learning." But now, our relationship-based, collaborative way of working is, as Judy would phrase it, "in the bricks" of the Ounce's urban programs, rural programs, programs for teen parents,

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Florence Sharp

and Early Head Start. This means that Ounce executives, like Portia Kennel, do a lot of traveling to all the sites. It's a complicated process, but rich with experiences. We've discovered that downstate isn't as different as you might think from Robert Taylor Homes here in Chicago. A relationship focus has helped us all connect. I would hope that a Site Manager in Southern Illinois is conveying the same message to her staff that I try to convey to executive staff. I have always been fascinated by the importance of communication and the ability of people to change the world by communicating a message. Relationship-based supervision does that superbly and has helped us to work here in common cause.

Another benefit of this process is the fact that there is now a substantial group of people all over the state who have been trained and supported in relationship-based work at the Ounce but who have gone on to positions in other agencies. As an example, we have been trying to work with a new Healthy Families site in Southern Illinois by helping them figure out ways to sustain their program. We initially had concerns about the somewhat didactic nature of their protocol but found that their staff had, in fact, been trained in the Ounce's Developmental Program over 10 years ago. They were bringing their learning and method of intervention to the Healthy Families program and enriching it. Our past training of these staff allowed them to carry with them a vision of relationship-based work. As they moved, the culture spread, making collaboration among infant/family agencies that much easier.

Judy: *You both have talked about reflective supervision throughout the organization as the key to a relationship focus. What about other mechanisms for staff training and development?*

Ginger: As you said, we use systematic relationship-based supervision to infuse infant mental health concepts into every single department and all of our work. But other kinds of training are essential too, for keeping staff up-to-date in a field that is changing every single minute, and for morale.

All of our staff training is designed to build on previous training in conjunction with a long-range training plan for the agency. For example, we began having agency retreats in 1993 that were a combination of training, team building, and fun. Now we still have fun, but we also spend each retreat focusing on one of our 7 principles of practice. We have agency-wide seminars twice a year and also make sure that staff can attend state-wide training conferences that we sponsor at least four times a year.

I feel strongly that staff can learn so much from each other that they shouldn't be stuck in their own "boxes." Lifelong learners deserve to be part of a community of learners, and we're doing a lot of training across depart-

ments. For example, staff from Healthy Families, Early Head Start, and our Early Intervention Program are participating in a videotaping project. We have just developed a course in developmental theory for staff, with beginning, intermediate, and advanced levels. Cross-department training on language development focuses on parent-child interaction. We have had training in home visiting for staff from all departments, and we just hired someone to focus on literacy across the agency. These initiatives are really pulling everyone together and supporting the idea of an agency-wide mission—not just a bunch of "programs we're running."

About 40 or 50 people in our agency are managers at various levels—of programs or staff—and they are targeted for a three-day agency Management Institute and ongoing management training. Managers also have a "yellow book group"—about 35 managers from different departments who began getting together about a year ago, with a psychologist facilitating, to discuss different chapters in ZERO TO THREE's *Learning through Supervision and Mentorship.*

Harriet: We recently expanded our Human Resources department to concentrate more on training, especially of our front-line workers and teachers. They are often working in a threatening physical environment where families survive with only the bare minimum. There is extraordinary pressure on each staff member to support families, and it wears them down. Front-line staff deserve the perspective of a specialist who can focus exclusively on them. We've hired consultants from the Virginia Frank Child Development Center to work with our Head Start teachers on a regular basis to discuss, as a group, the pressures they feel and the challenges they face.

For our management staff, we address professional growth individually. The executive team meets weekly and spends significant time talking about human resource issues and staff developmental needs. Attracting, sustaining, and increasing the potential of talented individuals is a central organizing principle of the Ounce.

Judy: *What was ZERO TO THREE's role in your organizations' development of a relationship-based focus?*

Ginger: Sending a group of SWHD program managers to ZERO TO THREE's CityTOTS intensive seminar in the fall of 1992 turned out to be a turning point for the agency. That project, supported by the Prudential Foundation, involved each participating team going back to their home community or agency to design and implement a project that would improve services to inner-city infants, toddlers, and families. Our team came back determined to work toward the relationship-based vision of practice, supported by reflective supervision, that they were exposed to through CityTOTS. The program managers held all of our feet to the fire and didn't let go! (See Trudi Norman-Murch, this issue).

Harriet: We also had a team at CityTOTS, who came back tremendously excited about relationship-based work and the potential for reflective supervision to become a cornerstone of the Ounce's infrastructure. We began this work by consulting with Rebecca Shahmoon Shanok. The work began in both a bottom-up and top-down way. This had surprisingly positive results. Rebecca was replicating the Early Childhood Group

Good Foundations for Families, Infants and Toddlers (Good F.F.I.T.)—An Overview of Southwest Human Development's Infant Mental Health Program

The Good Foundations for Families, Infants and Toddlers program (Good F.F.I.T.) provides prevention and mental health services to families with infants and toddlers as a means of reducing risk factors and increasing resiliency in young children. The program has two primary objectives: 1) To prevent individual or family disturbances by developing and enhancing family relationships; and 2) To provide group and individual intervention for parents and children with assessed needs. The target families will have young children who were prenatally exposed to substances, diagnosed as failure to thrive, or considered at risk due to prematurity, birth complications, or chronic illness.

The Good F.F.I.T. program provides a facility with a safe and supportive family-centered atmosphere. It includes playrooms for active children, quiet places for parent-to-parent conversations, private consultation areas, a kitchen, a family-staff resource library, and an outdoor play area. The facility houses up to 20 paid staff and volunteers. The Good F.F.I.T. program is administered by a psychologist and social worker who supervise a multidisciplinary team which will include several mental health and family support specialists, one administrative secretary, a psychiatrist, a pediatric nurse, and an early childhood educator. Additional consultative services are provided by a speech/language pathologist and physical and occupational therapists.

Services include, but are not limited to, parent-child playgroups, parent education courses and workshops, developmental and diagnostic evaluations, assessment of parent and child relationships, parent support groups, individual, couples, and family counseling, and in-home support services.

The facility is approximately 3,000 square feet and is shared with Children's Lekotek of Phoenix, a toy lending program of Southwest Human Development that provides play assessments for children with special needs and guidance to parents that facilitates successful play experiences for children and families. The goals and services of this program complement those of the Good F.F.I.T. program by focusing on the quality of the parent-child relationship. If families desire, services may be provided jointly by both programs. This presents a unique opportunity for the coordination and integration of program services. Each program is fiscally independent and supports the cost of the facility.

Family referrals are taken for the Good F.F.I.T. program from other programs within Southwest Human Development as well as from other local social service and health providers. Families who fit one of the target populations may also request services directly.

Therapy program she directs at the Jewish Board of Family and Children's Services in New York City at one of the Ounce sites but quickly helped us understand that the kind of support for staff this mental health perspective requires must be instituted across the entire organization. Accordingly, she began working with the executive staff here at the Ounce, pulling us together on weekends to think about how we should reorganize the entire agency to support excellent work with children and families. This mental health perspective was new in the Ounce administration, and it revolutionized the agency. Because there was pressure from both ends, there was no question that the critical mass in the middle would change.

Now, although we continue on our quest for relationship-based management at the Ounce, we progress with support from local experts, like you, Judy.

I should note that the Ounce's participation in CityTOTS occurred just as we were beginning the complete rebuilding of our management structure that I talked about earlier. It took years for reflective supervision to evolve so it could "work its magic." One of the things I have talked about with ZERO TO THREE is the fact that in an organization the size of the Ounce, changing the way we do business can have an enormous impact on large numbers of children and families—but change also takes time. Funders need to appreciate and plan for this!

Judy: *We have been talking about how you, as Executive Directors, have encouraged a relationship focus within your organizations. Do you carry this into the substantial body of advocacy work you both do on the state level on behalf of infants, toddlers and their families? How do you communicate with "the enemy camp"—people in power who are indifferent or even hostile to the idea of investing in young children's and families' development?*

Ginger: The challenge we all face in the infant/family field is to frame our common experiences and commonly desired outcomes in a way that people in decision-making positions (like legislators) can understand. People can have many different reasons for supporting a program; we need to try to understand other people's perspectives and concerns and frame issues in that way. Arizona's Healthy Families program is a good example. Because of its broad-based support, the Healthy Families program is included in an initiative to generate money each year from the State Lottery to expand the program. Its home visiting approach was first seen as intrusive, but a breakthrough came when we were able to help legislators see Healthy Families as a component of welfare reform. Gradually, people from various communities are getting on board to support what has become a non-controversial effort on behalf of young children and families.

Harriet: The international work I did at the beginning of my career helped me figure out how to communicate between different sectors (public/private, practice/research) and how to find a common ground between people. I usually throw out ideas until I see someone's ears prick up. You have to find something that appeals to their—and your—self-interest. Long-term relationships are important, and often it takes years for something to click. And I'm not just talking about "the enemy camp." For example, we worked for five or six years with key staff of a children's advocacy organization before they really understood the importance of the first three years of life. It may take just as long to work with a state agency to get funding for something really important but not well understood—training, for example. Nancy Shier, our KidsPEPP Director, plans the Ounce's advocacy strategies and tactics very carefully. As I mentioned earlier, I am the "tracker," but she makes the decisions about where we should target our efforts in a particular year. Once we've decided, we build on relationships that we have already established and go for it!

Marketing is important, too. I often feel that the best fundraising an organization can do is to do its work well and show funders what you can provide. But it's also true that you must always market—you can't deliver the message often enough. I replaced the Ounce's conventional organizational newsletter with a series of brief, attractive policy papers to increase general knowledge. We use them to educate program staff, policy makers, and funders. I am absolutely against publishing papers or brochures that people ignore, toss, or put on their shelves. Written pieces must be read to be effective. Our papers are intentionally reductive and are aimed at a wide public. We're not aiming for publication in an academic journal. We hope they'll have an impact and create change. Our upcoming piece is a distillation of the new research on infant brain development and what it means for children's social, emotional, and intellectual growth. It will go to the media, congress, and state legislators.

Judy: *We're back to listening and communicating! Thank you both for passing on the lessons you have learned, and best wishes for continued success.*

Reflective Supervision as a Vehicle for Individual and Organizational Development

Trudi Norman-Murch, Ph.D., CCC-SLP,
Director, Services to Children with Disabilities
Southwest Human Development, Phoenix, Arizona

In June, 1990, I attended ZERO TO THREE's 10-day Training of Trainers Intensive Summer Seminar in San Rafael, California. I do not really recall more than fragments of the individual seminars and presentations, although some of those "fragments" have turned out to be of great value to me in my work. One of my strongest memories is the great beauty and peacefulness of the physical surroundings: the huge eucalyptus trees on the Dominican College campus, the footpaths through the old gardens, and the relief from the heat of Arizona in summer. It was clear that whoever had planned this training had cared about our comfort and well-being. When we arrived, each of us was offered a blooming impatiens plant and the choice of a print from the National Gallery of Art (all featuring babies and parents) to decorate our somewhat sparse dormitory rooms. Another noteworthy aspect of this training was the intensity of the interactions, and the attention paid to "process" (discussing the participants' experience of the training as well as its content). Most of all, I remember some of the individual people I met; for reasons that were at that time totally unclear to me, I came away just wishing I could have the chance to go on talking with them and learning from them.

All in all, it was an extremely unsettling experience: appealing, challenging, irritating. This is not surprising since, in retrospect, I can see that I had been exposed to a radically different way of understanding my work. If I were to accept the vision presented at this training I would need to learn many new skills and make significant changes. I had also had an opportunity to experience firsthand two of the key elements of a new approach to supervision and mentorship: the importance of providing a safe, nurturing environment and relationships as the context for learning.

In the past six years, I have had the opportunity to work with my colleagues at Southwest Human Development and many wonderful consultants from ZERO TO THREE's Board, staff, and overall network to implement reflective supervision within the Services for Children with Disabilities (SCD) Department and throughout Southwest Human Development. The following is a discussion of how key principles of this supervisory model have been implemented, and a description of the impact they have had on our services. Special attention is given to the fact that for many of the staff in our department, including the speech/language pathologists, occupational and physical therapists, special educators, and early interventionists, this approach to supervision and practice represents a significant departure from the way we were originally trained. For those readers with a background in mental health, many of what I call "developments" will, undoubtedly, seem to be reinventions of the wheel. It might be helpful, however, to realize when you are working with therapist colleagues (OT, PT, speech/language pathologists, special educators) that these practices may be unfamiliar to them.

This discussion is organized around five key concepts of reflective supervision. It should be noted that there is an unavoidable overlap among them, reflecting the coherence and integrative nature of the model as a whole. Barriers to putting each concept into practice are identified, and I describe as "developments" the steps we have taken at Southwest Human Development to overcome each barrier.

Everyone working with young children and families (regardless of level of responsibility or amount of experience) needs and deserves on-going supervision/mentoring.

To be effective, supervision/ mentoring must be regular, reflective, and collaborative. As Jeree Pawl observes, "No one should have to make a hard decision alone."

Barriers: The lack of resources (time and money) to support regular supervision for all staff is a major barrier. Professional training (for example with OT, PT, SP, and early childhood special educators) which promotes independent functioning as the measure of competence and success can make staff initially reluctant to participate in on-going supervision. Finally, staff often have not had personal experience with a reflective or collaborative process.

Developments: We have formally established a reflective supervision model within the agency, and within our department. It is included in our job descriptions, discussed during the interview process (through questions such as "What have been your experiences with supervision?" and "What kind of supervision would

you like to receive?"), articulated in our agency's "Principles of Practice," which are presented during new employee orientation, and highlighted as a separate item in annual performance reviews. Most therapists and special educators who come to our department expect that clinical supervision will be limited to the period immediately after they graduate from their training program, and thereafter will consist of monitoring activities and crisis intervention. We have, therefore, found it to be extremely important to discuss the principles of reflective supervision during our first contact (i.e., the job interview) so that when supervision is provided, staff do not feel that their skills are being questioned.

The structure, content, and frequency of department meetings have changed substantially as we have implemented our supervisory system. When I first started learning about reflective supervision, I was overwhelmed at the prospect of providing each and every one of the 70 staff in our department with regular, individual, supervision. It simply was not possible, given the constraints of our budgets. When I expressed this frustration at a ZERO TO THREE workshop in 1993, Gordon Williamson gave me an invaluable piece of advice: He said, "Use every meeting, every time staff come together, as an opportunity for peer supervision." Since that time, we have restructured the meetings we already had, and have added several more to provide opportunities for staff to come together regularly with their colleagues. For example, instead of monthly meetings of our whole Early Intervention program, we now have separate meetings for our home-based and our center-based staff. These smaller groups, with more similar concerns, allow for more support and in-depth problem-solving than did the larger group. All our meetings are now structured so as to have a substantial block of time set aside for case discussion. This has meant limiting the amount of time spent on business or procedural concerns, which otherwise can expand to fill any amount of time available. Much of this material is now communicated by memo, with all of us committed to reading and attending to it.

Supervisors are provided with on-going training and support in their work as supervisors. Within the agency, we have instituted an introductory training course for new supervisors, which is then supported by a monthly meeting of supervisors and program managers from all the departments. Within our disabilities department, we have a quarterly supervisory retreat. In addition, the agency has sponsored frequent workshops and consultations specifically for supervisory staff. A primary emphasis of this training has been to help staff learn a more reflective approach to listening and problem solving. Many of us were accustomed to being quite directive in giving "advice" and rarely appreciated the value of stepping back, slowing down, and really exploring the question at hand. We have all been learning to

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"embrace complexity" and "tolerate ambiguity." Acknowledgment of the centrality of relationships to all aspects of our work has been another focus of our training and consultation, as is discussed throughout this article.

The nature of the supervision that I do as department director has changed dramatically. First, I have regularly scheduled individual meetings with program managers. In the past, we depended on informal contact, which was often crisis-oriented. Second, when possible the focus of our discussion is on managers' supervision of staff, rather than on the organizational, procedural, and financial concerns which often seem so pressing. Just as we work with families whose constant crises make it difficult to attend to supporting the development of their child, so too in supervision it is easy to be distracted and overwhelmed by the day-to-day crises of scheduling, caseloads, and budgets. It has been difficult to provide leadership in the implementation of this supervisory model when it is as new to me as it is to my staff. Since we are all so inexperienced with a reflective process, not having had it in our own training, the best way to learn it seems to be to keep doing it and to keep acknowledging the challenges as they arise.

All learning takes place in the context of relationships and is critically affected by the quality of those relationships.

For young children, the quality of their earliest relationships (attachments) with parents and caregivers will

affect their intellectual, social/emotional, and physical development. Children who experience the world as responsive to their needs and efforts, predictable, and supportive will have the emotional foundations that make them ready to learn. This is as true for children with disabilities as for any children.

Barriers: The most critical barrier is a lack of training. Therapists and special educators have been taught to assess children's cognitive, speech, language, gross/fine motor, and self-help skills and to provide intervention for observed delays or deficits. We have typically not learned about attachment and social-emotional development, or been taught how to observe parent-child interactions. We have not usually defined our job in terms of assisting children to develop the sense of worth, competence, independence, and autonomy that enables them to learn. We have not understood our role in supporting the relationship between the child and his family. Secondly, the medical model, which stresses direct treatment of the child by the specialist, rather than working to support the parent as the child's first and most important teacher, is still very prevalent. An unfortunate consequence of this model is that the intervention may actually reinforce both the parents' and the child's sense of helplessness. Finally, staff can be uncomfortable with their new role as adult educator/facilitator (rather than just a teacher of children). They may not feel competent in this role, and be resistant to taking it on.

Developments: Relationships have been a focus of department training over the past several years. For our Head Start disabilities staff we have emphasized ways of supporting positive adult-child interactions in the classroom, including strategies for promoting child initiation, ways of sustaining interactions with children, and the importance of learning how to motivate and engage individual children. We have worked to help staff appreciate the value of their own relationship to the children, as a caring empathic adult whom they trust. The Early Intervention staff have received training on attachment theory, supporting positive parent-child interactions, temperament, and the social-emotional development of young children. Staff from all our programs have been offered training to help them understand children's behavior in a coping framework. Finally, the focus of our department meetings for the coming year is on child development as it is reflected in a child's ability to establish and maintain positive relationships.

We have discussed the special vulnerability children with disabilities may have if their cues are hard to read, if they have difficulty with self-regulating, if they lack early touch experiences, if they are slow in acquiring the mobility and communication skills which facilitate autonomy and independence, if they learn to be helpless, or if they experience constant failure.

Increasing the quantity and quality of parent involvement is, and continues to be, a primary concern for our Early Intervention program. This is reflected in a shift towards more parent participation in our center-based toddler programs, with some parents staying regularly for the whole group time. Parents are invited to actively take part in the occupational, physical, and speech/language therapy, rather than simply observing. We are working with the therapists to write their therapy plans and progress notes in functional terms, related to ongoing home routines. Early interventionists providing home-based services are encouraged to include parents in their sessions, and to understand that they can help to facilitate positive interactions between caregivers and children. We have developed a specific format for the weekly intervention log notes which includes specification of the home routine within which the intervention activities can be included, and which comments on the positive ways the parent engaged the child during the session. In order to support this change in emphasis (from direct treatment of the child, to helping the parent help the child) we have hired an infant mental health consultant for the staff. Her job is to assist the early interventionists in addressing issues brought up by parents. We have also hired a social worker as one of our program managers, who complements the skills of our disabilities specialists. Our aim is to infuse a mental health perspective into our services so that we can begin to appreciate the complex dynamics that affect our work.

Relationships are the medium. How one is in a situation has an important effect on what gets done.

Barrier: Once again, training programs for special educators and therapists (OT, PT, Speech) have typically not emphasized the power and complexities of relationships between staff, family, and children. Most therapists and special educators have been vaguely instructed that it is important to "establish rapport" with a parent and child, and that "collaboration" is important for team functioning. We have not been taught to see ourselves as a significant variable (except in terms of designing intervention plans and selecting therapy techniques). We are not explicitly aware of the value of the relationship in and of itself to the family/child, although we have certainly experienced these relationships as a primary source of satisfaction (or frustration).

Developments: The success of our Head Start disabilities services depends, to a large degree, on the relationship between the itinerant therapist working in the classroom and the teacher. Since the therapists are only in the classroom once a week, the teachers have a very important role in carrying out the intervention goals and objectives. In the past, we believed that there were "good" and "not-so-good" teachers. We were unaware of all the things that we could do to build our relation-

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ship with them so as to bring about effective collaboration. This is now an explicit focus of training, supervision, and team meetings.

We have spent a lot of time talking about the therapeutic value of listening, and helping staff become comfortable with their role in providing emotional support to parents. It has helped to clarify that they are not expected to become mental health specialists, and to provide adequate consultation and referral services when that is most appropriate.

Most of our staff have encountered difficulties related to boundary issues, without being able to identify them as such. The more that they have become aware of the importance of their relationships with families, the more questions they have raised about the limitations of their role and establishing an appropriate level of involvement in family affairs. This too is now an explicit focus of training, supervision, and team meetings. Whereas in the past a staff person would have struggled on her own with the decision about how much of an early intervention therapy session to devote to listening to a mother's marital problems, or arbitrarily decided when to "draw the line" with a parent who was chronically late, or invited a program child to her own daughter's birthday party without thinking about the possible consequences, now these issues would all be likely topics of discussion.

Dealing with conflict is difficult for many people in our field. It is my experience that this is the single greatest barrier to good team functioning and effective collaboration. For this coming year we have a "No Triangulation" campaign in our department (complete with lapel buttons!). We are all committed to helping each other talk directly to the person with whom we have a difficulty, rather than complaining behind their back, or taking an issue directly to a higher level of authority. As supervisors, we are offering assistance ("Would you like to role play with me what you might say?" or "Would you like me to be with you when you talk to ...?"). At the same time we are making it clear that if any change or resolution is to come about, direct discussion with the person(s) involved is a necessary first step.

We bring to a situation our past experiences, values and expectations. We are, likewise, responded to in terms of other people's experiences, values, and expectations.

Therefore, self-awareness and self-knowledge are of great importance to the work we do. The focus of supervision is on the child/family and on the experience of the supervisee.

Barriers: Few speech/language pathologists, occupational therapists, physical therapists, early interventionists, or special educators have had training in issues related to transference and countertransference in relationships. They may, therefore, misinterpret a family's actions or reactions, while at the same time discounting the impact of their own feelings. In addition, staff may experience personal discomfort with self-examination. Issues raised are likely to stir up emotions, memories, and conflicts that are unresolved or uncomfortable.

Developments: We have provided our staff with basic training designed to build self-awareness and understanding of the complexities of parent-professional relationships. We anticipate that this will be a primary focus of agency and staff development in the coming year, particularly as it relates to the interface between personal beliefs and values and professional roles. One of the "Principles of Practice" in our agency is to promote cultural/ linguistic sensitivity and diversity; self-awareness is clearly the first step in this process. The Department Directors have agreed that this is an area of practice that deserves major emphasis throughout the agency.

A primary function of our mental health consultant is to help staff work with parents more effectively. This inevitably involves, to some degree, identification of transference and countertransference issues. While these might be more obvious to professionals with a

mental health background, those of us trained in special education, OT, PT, and speech/language pathology are often quite unaware of how powerful these forces can be. Thus we may interpret a parent's failure to keep an appointment, or lack of participation in an IFSP, as a reflection of their disinterest in their child's program. Consequently, we will respond very differently than if our interpretation included the possibility that the parent was seeing in us various punitive (or at least critical) authority figures from their past.

The supervisee's experience is reflected on in supervision. Typically this has been slow to develop, and requires a great deal of trust before it can occur meaningfully. We have had a lot of organizational change within our department this year, which has made it difficult to establish the supervisory relationships which would really support reflection. We hope to be more successful in the coming year. Since we have started to have regular peer supervision among smaller groups of colleagues who share similar jobs (rather than the larger program meetings), we are beginning to have more opportunities to talk about what it is like to do this work.

The Golden Rule of supervision: "Do unto others as you would have others do unto others." (Jeree Pawl)

This relates to the power of parallel processes at work through a series of interlocking relationships. The experience the supervisee has in supervision will affect how she is with the parent, which will in turn affect how the parent is with the child. This is also true for relationships between therapy staff and teachers, and teachers and children.

Barriers: The great complexity of the concept of parallel process is in itself a substantial barrier to its implementation. It requires an abstract, "meta" point of view which is difficult to sustain, especially when the moment-to-moment experience is so compelling. Initially, before one has had an opportunity to personally test the principle of parallel process, it is hard even to believe. It is difficult (and scary) to think that my relationship with my supervisee could affect how she is with a parent, which could in turn affect how the parent relates to the child. Applying this "Golden Rule" often calls for significant changes in very well-established behavior.

Developments: I have found that the best way to learn, and teach, the concept of parallel process is to keep practicing it and talking about it. When I am asked a question, or am trying to solve a relationship-based problem, I try to discover what parallel processes might illuminate the situation. For example, when a staff speech/language pathologist expressed to me her frustration with a Head Start teacher who wouldn't listen to her suggestions, but only wanted to talk about how upset she was with a child in her class, I was able (only barely) to refrain from telling the therapist not to tell the teacher not to be so didactic with the child. Instead, I realized that it would be most helpful for me to first listen to and empathize with the frustration the speech/language pathologist was experiencing, and then try to help her formulate some hypotheses about why the teacher was so upset and how she could engage that teacher more actively in coming up with some teaching strategies for the child. It would be my hope that if I could manage to be less didactic with my own staff member, she in turn could be less didactic with the teacher: Ideally the net result would be a teacher who was more facilitative (and less didactic) with the child.

In individual and group supervision, we are starting to ask staff to consider how parallel process might affect their intervention, or shed light on a particular dilemma in which they find themselves. For example, we might ask an early interventionist to consider how the pressures she feels in dealing with a funding system over which she has no control might be mirrored by a family's experience of being overwhelmed and helpless in negotiating a complex state bureaucracy. If these parallels are recognized and acknowledged, they are less likely to sabotage the family's and staff's joint efforts.

In conclusion . . .

This is clearly a work in progress. We have been fortunate to have had so much support from within our agency, and from the many consultants who have modeled for us the tremendous value of "slowing the process down" — standing back and reflecting on our work within the safety of a collaborative relationship. We have had a great deal of freedom to experiment, and have certainly had many frustrating and daunting moments. Endurance and persistence are valuable traits in this endeavor. The fact that none of us could even consider returning to our original status is testimony to how valuable these changes have been. Reflective supervision has proved to be a powerful agent for individual and organizational development. We are all looking forward to the next chapters.

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Comprehensive Programs = Comprehensive Balancing Acts

Jan Martner, M.A., M.S.W.

Co-Director, Family Health and Wellness Department; Director, Phoenix Early Head Start Program
Southwest Human Development Services, Phoenix, Arizona

This is a story about lessons learned when starting up and maintaining a large, comprehensive, long-term prevention project serving very young children and their families. As Judith Bertacchi, Ginger Ward, and Harriet Meyer suggest in their articles in this issue, staff of infant/family programs—especially those located in high-risk, low-income communities—are likely to become painfully aware that a number of families with infants and toddlers have multiple, overlapping needs that are beyond the current capacity of their program to address. Program leaders are then likely to seek out actively, or be ready to respond to, opportunities to provide more comprehensive services, either through collaboration with other agencies or through program expansion.

Funding for such efforts is not easily come by. When state or Federal government agencies or major private foundations make significant new resources available for families with young children, they are likely to do so through a multi-site, multi-year initiative, often conceptualized as a "demonstration program." Grants tend to be awarded through a highly competitive process and may involve substantial responsibilities beyond service delivery—for example, data collection, reporting, adherence to a specific intervention protocol, and/or regular monitoring by the funding agency. Depending upon the infant/family organization's size, infrastructure, norms, and stage of development, tackling the challenge of "comprehensiveness" through participation in a multi-site initiative may be more or less traumatic. While the degree and sustainability of change that children and families undergo as a result of their participation in "comprehensive" programs may still be a matter of debate, we suggest that virtually any infant/family organization will be significantly affected by this experience.

This was certainly the case with Southwest Human Development, which in 1989 became one of 24 programs federally funded under the 1988 Comprehensive Child Development Centers Act. This article presents some of the lessons we learned as we began and maintained a large-scale, long-term, comprehensive prevention project. Some of the lessons we and other programs learned have already been incorporated into the design of the Early Head Start Program. These, and other insights, may be useful to those engaged in implementing Early Head Start, as well as to others involved in creating and maintaining the complex relationships required to address the many needs of today's young children and families.

The Comprehensive Child Development Program

The Comprehensive Child Development Program (CCDP) was authorized to provide intensive, comprehensive, integrated and continuous support services to children from low-income families from birth until entrance into elementary school as well as support services to parents and other family members in the household to enhance their social and economic self-sufficiency. The CCDP demonstration projects provided early childhood development activities, adult employment and training skills, health care, and parent education, using a variety of service delivery models and strategies.

The program, which was designed as a research and demonstration project, was funded at 24 project demonstration sites beginning in 1989 and 1990, with one year for planning and services to be delivered for a five-year period. Ten additional programs were funded in 1992 and 1993. The demonstration sites, which were located in all 10 US Department of Health and Human Services regions, served rural and urban populations. In 1995, agencies with CCDPs were given the opportunity to apply for funding as Early Head Start programs.

Southwest Human Development and CCDP: Making the connection

In 1987, the Executive Director of Southwest Human Development read in the Federal Register that one-year planning grants for communities interested in establishing Comprehensive Child Development Programs (CCDPs) would become available in October, 1988. She decided to investigate community interest applying for

a planning grant. Community meetings were held with a wide range of service providers, schools, and state and local community agencies in Maricopa County to determine the level of interest in developing a proposal and to discuss possible target areas and populations to be served. To keep this process as neutral as possible, SWHD hired an outside facilitator for the community meetings.

Eventually, it was decided to submit an application for a planning grant, with Southwest Human Development as the grantee. If the resulting proposal for a CCDP were to be funded, it would be the largest undertaking Southwest Human Development had ever assumed, and the program would be the most comprehensive child development program in Arizona. At this stage of SWHD's development, six years after its founding, this was a new, exciting and at the same time a scary prospect for the agency and the Executive Director. With CCDP, the visibility of the agency would increase dramatically; the stakes were getting higher. For example, up until this time, the agency's primary contacts in the community had been program managers, planners and school district personnel. Now, because of the magnitude and depth of the CCDP program design, the Executive Director began meeting with the heads of state agencies and CEOs of corporations to get "buy-in" for the planning grant proposal. The challenge was met. The following parameters were decided upon for a proposed Maricopa County CCDP:

- **Program model:** Home based service delivery, with center-based group socialization and parent activities.
- **Location:** South Phoenix and the City of Avondale, a rural community located 22 miles from central Phoenix. The program would operate from a community-based site in each of these two areas.
- **Target populations:** One hundred and twenty low-income multigenerational welfare recipients, substance abusing individuals, teen parents, and children with special needs (60 families in each location) would be served. In each community, the population served would reflect the ethnic make-up of the community population. Therefore, approximately 68 percent of the families would be Hispanic (the preferred local term for Latino); 22 percent would be Caucasian; 8 percent would be African American; and two percent would be of Native American, Asian, or other ethnic backgrounds.
- **Core services:** Access to health care for enrolled adults and children to include physical, pre and post natal care, and immunizations for adults, and immunizations, well baby/child care, and emergency and acute care for children; access to adult education and employment services; access to mental health services; child development services; access to transportation; access to child care; access to emergency services.
- **Program goals:** The planning grant developers identified goals for each of the aforementioned core service areas. Identifying appropriate preventive health care

goals presented a particular challenge for us due to the high percentage of Hispanic families targeted to participate in the program. The community planning group decided to adopt as a goal that participating women would receive prenatal care and that participating children would be immunized. We knew, however, that many Hispanic families did not share traditional western medicine's perspectives on prenatal care and immunizations. Because families did not view pregnancy as a medical condition, prenatal care in a medical setting was neither customary nor desired. Nor were immunizations seen as a necessary part of health care. Since CCDP's were to be research and demonstration projects, our proposal suggested that, joined by the rest of the local health community, we would gather information about the source of families' beliefs and attitudes concerning preventive health care and investigate what strategies the program and the health community could develop to inform Hispanic families about the benefits of prenatal care and immunizations and make them more appealing to this population. We would track carefully all intervention efforts to find out which strategies worked better than others and with whom. To a great extent, we chose a home-based service model because we thought that this approach would prove to be effective in disseminating health information to target families. Community planners felt that the personal nature of the relationships developed in home-based service delivery would be the most effective vehicle for reaching participants with health information.

Southwest Human Development and its community partners were not awarded a planning grant. However, in the Spring of 1988, the request for full proposals for Comprehensive Child Development programs was published in the Federal Register. Once again Southwest Human Development convened the group of community stakeholders, and the group decided to submit a proposal based on the parameters of the original planning grant proposal. The proposal was funded. The Conocimiento Project was born and named. In Spanish, "conocimiento" means inter-understanding, inter-knowing, self-knowledge. This seemed an appropriate goal for Conocimiento families, staff, and the community.

The start-up phase

Within Southwest Human Development, we saw approval of our CCDP application as a great honor, particularly given the highly competitive nature of the application process. The fact that Conocimiento was a program planned by the community rather than a single agency made the announcement even more meaningful. At the same time, because the demands of the program were so enormous and CCDP was such a high-profile program, the notice of grant award began a very intense period for the agency and in the community. The pressure to perform and get results had begun.

Conocimiento was the "new sibling" in the SWHD

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program family, accounting for about one-fifth of the agency's overall budget. Indeed, not counting Basic Head Start grants, the CCDP award represented the largest competitive grant ever made to a non-profit organization in the Phoenix area.

SWHD held numerous meetings with Conocimiento community partners and stakeholders to develop formal and informal interagency agreements to facilitate service delivery to the soon-to-be-enrolled families. We also worked to ensure that pledges of in-kind and other commitments made in the planning process would be fulfilled. Some agencies in the community now feared that the Conocimiento Project would "take" all of "their" families. Therefore, meetings were held to quell their fears and assure them that the CCDP ethos was one of community collaboration, service coordination, and cooperation.

Hiring the 32 staff called for by the program model was a major undertaking. Given Conocimiento's visibility, resources, and innovative program design, many SWHD staff wanted to be a part of the program. Initially five existing SWHD staff members were employed part-time on the CCDP grant. Remaining staff were hired primarily from the communities in which the program would operate. Utilization of indigenous staff was part of the commitment made to community partners in the planning process. Initially, the two site managers and 12 home visitors were non-degreed professionals from the community. The resource staff of nurses, mental health specialists, and early childhood educators were all degreed/licensed in their fields.

Building a Management Information System (MIS)

also began during the start-up phase. The research component of the CCDP was one reason for the agency and community's strong interest in participating. Because SWHD did not have an existing MIS within the agency, we awaited federal development of a CCDP-wide system. Heavy demands and system revisions required frequent upgrading of MIS staff job descriptions and retraining of staff, but overall the effort paved the way for all of SWHD's programs to develop databases and engage regularly in automated program evaluation and management activities.

Since Conocimiento's target communities were in a geographic area previously unserved by SWHD, we needed to recruit all the 120 families to be served. This required building relationships with key referral sources. Because the program design called for enrolling low-income families that had been receiving public assistance for several generations, a major part of our recruitment effort involved going door to door in publicly funded housing projects in the target communities.

The need for balance

A group of community partners, each with its own desires, hopes, and mandates, had designed the Conocimiento proposal. Now that CCDP funding was a reality, the project had to consider not only the needs and outcomes desired by community-based agencies and the host agency (SWHD), but also those of participating families; staff; local, state, and Federal agency partners; and the Comprehensive Child Development Program overall, as delineated in legislation. Partners' and stakeholders' conceptions of what would constitute successful program outcomes overlapped, but were not entirely consistent. Not surprisingly, the balance among competing priorities that was achieved at any given point during the project seldom felt satisfactory to any of the parties.

The overall challenge of attending simultaneously to the needs of Conocimiento's individual partners and stakeholders was made up of several particular hurdles. First, virtually all program partners were themselves in a constant state of evolution during the project. Thus, satisfying a need today did not guarantee that this partner would remain satisfied tomorrow. Second, because relationships between and among partners were complex and multi-layered, a small adjustment in program policy or implementation could have far-reaching implications. These were not always anticipated. Third, more information (including, over time, input from our Advisory Committee, feedback from the Federal Project Officer and monitoring contractor, and insights from other CCDP projects) helped to identify the causes of problems more often than it pointed to clear solutions.

Fairly early in the project, we learned several important lessons about achieving balance:

- To make a difference, information must be listened to by all partners.
- SWHD's positive relationship with each local partner proved particularly helpful in negotiating compromise.
- The stronger the relationships were between SWHD and those partners who were concerned about a particular problem or change in the project, the greater was the likelihood that resolution or movement could occur, resulting in a positive outcome.

Prenatal health care in Conocimiento: An example of the quest for balance

Even the most straightforward (on paper) components of the Conocimiento Project required years of refinement to achieve balanced outcomes for the families, staff, project, community and the federal office. Our experience with the design and implementation of the project's prenatal health services for families illustrates the process well.

Philosophically, practically, and statistically, the program model for prenatal care seemed impeccable. As described earlier, program designers recognized that a high percentage of pregnant women in our target population did not use prenatal care offered by community health providers. We set out to see if we could increase usage through relationships built between home visitors and families in a home-based model of information dissemination. Philosophically, we believed pregnant women should have regularly scheduled prenatal care in order to reduce the risk of low birthweight and identify prenatal difficulties early in order to reduce the likelihood of other poor pregnancy outcomes. Statistics revealed that poor pregnant women had a greater incidence of low birth-weight babies. The community was well equipped and willing to provide necessary services.

A problem emerges

Given the home-based program approach, we expected little difficulty in reaching our program goals. We hired nurses to work with health programs in the target communities. Encouraged by their home visitors, families scheduled prenatal health care appointments. But the families didn't go to their appointments. They didn't go after their home visitors had repeatedly described the benefits of prenatal care. They didn't go when offered free door-to-door transportation. They didn't go when provided with free child care for their other children. They just wouldn't go!

Frustration about the issue of prenatal care spread throughout the project and spilled over into other program areas. Families were frustrated because staff would not let up on the topic of prenatal visits. They began to avoid their home visitors altogether, a strategy that cut them off from their link to all the project's other services. Staff were frustrated because they were doing "everything right" programmatically, but without documented increased usage of prenatal care among target families, the results of their work looked like failure. Project managers had a difficult time keeping staff focused on "big picture" outcomes when their day-to-

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day work seemed so pointless. The agency executive director found herself the highly visible head of a high-profile project that was seemingly unable to serve its constituents, even when it appeared to have all of the resources necessary. Community organizations were frustrated because they were making special arrangements to serve project families, but the families were not using them. The Federal Project Officer was frustrated because the management information system showed that the Conocimiento Program was not meeting goals for recommended prenatal visits. This was producing a negative impact on the national research results.

Multiple perspectives on "the problem" emerge

It seemed to some observers that families were "the problem." Some suggested that we had recruited the "wrong" families. Because program managers were very concerned about the level of stress among staff, we began asking a lot of questions.

Upon closer investigation, we found that the families who resisted prenatal care were predominately the Hispanic families we had been concerned about in our initial planning. Further, we learned that, as a group, mothers in these families did **not** have low birthweight babies or babies with physical disabilities or developmental problems diagnosable at birth. The program's home visitors had established positive relationships with these mothers, and pregnant women (virtually all of whom had other children) were perfectly able to tell the visitors why they did not want the prenatal care offered through the program. They were pregnant, but they were not sick. They had had no difficulty with previous pregnancies. Their babies had been born healthy. Their mothers and grandmothers provided the advice and guidance they needed. Managers collected detailed notes on each pregnant woman enrolled in Conocimiento and the efforts being made to encourage her to seek prenatal care from community providers.

The Hispanic pregnant women participating in Conocimiento wanted "positive pregnancy outcomes" —that is, healthy babies. Their own experience, and that of their closest advisors, suggested that they were doing exactly what was necessary to achieve these outcomes. But community and federal program monitors saw "indicators of success" in different terms. All the community agencies represented on the project Advisory Committee and its Health Subcommittee believed that high numbers of prenatal services delivered constituted project success in this area. The Federal Program Officer and monitors defined the issue of family participation in community prenatal care as one of compliance. Although our partners understood and agreed with the right of families to make informed choices about prenatal care, they nevertheless defined it as program staff's responsibility to get families to the prenatal care offered by community providers.

Further probing revealed previously unsuspected policy and programmatic paradoxes. Yes, families' participation in the program was voluntary. No, a policy to dismiss families from the program if they did not attend prenatal care visits would not be authorized (although other conditions for continued enrollment did exist).

Yes, the program would be out of compliance if families did not participate in prenatal care.

We seemed to be at an impasse. Yet no one was "wrong." Program staff and program partners were each bringing to the discussion their understanding of program requirements, concerns about the impact of our local situation on national quantitative research findings, and beliefs about what constitutes adequate prenatal care, and/or knowledge of families' experience, priorities, and concerns.

Greater understanding points the way to a solution

As our understanding of program families grew, we realized that our target population could be divided into two distinct groups. One group consisted of families who had been receiving welfare for several generations. Households were typically headed by single mothers, who had varying skills in accessing services for themselves and their children. As a group, these mothers were indeed at risk of poor pregnancy outcomes. The second group of families, most of whom were Hispanic, differed from the first group in several important respects. Although their incomes were low, many were regularly employed. The percentage of two-parent households was much higher than in the first group. Although they did not use community prenatal health care, mothers gave birth to healthy babies.

We realized that if program mothers' attendance at scheduled prenatal care visits was going to continue to be used as an indicator of program compliance (and effectiveness), we would have to develop intervention strategies appropriate to each group. For both groups, we needed to modify our original design — that is, relying on information conveyed through the family's relationship with a trusted home visitor to motivate pregnant women to take advantage of newly accessible prenatal care. For the first group, we initially added a variety of external incentives to make and keep prenatal care appointments. Over time, families in this group became more skilled at learning about and accessing health care for themselves and their children independently. Their health outcomes improved. They also became more likely to continue to seek needed health care, without support from program staff. With the second group, staff re-framed the issue of prenatal visits. Internal policies were adjusted to make prenatal visits a requirement for continuing participation in the program. Staff gave families a clear choice — keep appointments or leave the program — and families chose to participate in prenatal care in order to continue receiving the services they valued, including mental health, adult education, child development, child care, employment assistance, and family support. Health outcomes for the children of families in this group did not change, but they had been satisfactory to begin with.

Our growing understanding of both families' perspectives and the requirement of program partners reduced stress among front-line staff. They now had an explanation for many families' resistance to using community prenatal care and did not take refusal or avoidance as evidence of their own incompetence. Once management and front-line staff had clear evidence of the limitations of a single intervention strategy for a diverse population, they could pool their knowledge and creativity in order to create workable policy and programmatic alternatives. Over time, SWHD's increasing clarity about the Conocimiento families' health care needs and our awareness of what it took to balance family, staff, community, and Federal requirements made us a more effective partner in statewide policy planning and, ultimately, in Federal planning for the Early Head Start program.

From tightrope to cornerstones

The Conocimiento Project's effort to balance many demands in one apparently straightforward program area (prenatal health care) often felt to staff and managers like walking a tightrope: One wrong move, and you're off balance—maybe even on the ground, badly bruised, and facing the prospect of having to get up and start all over again. More complex program areas require even more time to understand and, consequently, more time to achieve a balance. Put another way, there is more opportunity to stumble badly while one is learning. Yet in the end, the success of a comprehensive program is measured by the experience of participants in each service area. To the extent that more areas are brought into balance, one is likely to see better family, staff, agency, community, and overall program outcomes.

Just as the lessons learned from Basic Head Start led to the development of the Comprehensive Child Development Programs, CCDP had an observable impact on the development of the breadth and depth of the Early Head Start Cornerstones and the new Head Start Performance Standards. What was learned walking the national research and demonstration tightrope of CCDP led to a through and elaborate planning and analysis process for Early Head Start, a process that encouraged participation from a wide range of providers, stakeholders, and consumers. Early Head Start grantees have been encouraged to listen to everyone's voice in the beginning. By taking into account all community partners' desires, hopes and mandates, they can construct a firm foundation upon which to set the four EHS cornerstones of child development, family development, staff development, and community development. Each Early Head Start community will benefit from a planning process that recognizes from the outset the need for balance. If all goes well, we will spend less time "in the air."

Working with the Written-Off:
Building Relationships in Grand Boulevard

Portia Kennel, M.S.W.
The Ounce of Prevention Fund, Chicago, Illinois

It is a challenge to implement relationship-based programs and services in any organizational environment. You are trying to achieve and maintain a system of open communication and trust, clear lines of supervision and accountability, shared responsibilities, and, above all, guiding program vision. To do this, you and your staff need time so that you can reflect, rather than react. You need to build mutual respect and trust among staff. You need collaboration and regularity and predictability.

In programs for very young children and their families, we struggle to create a relationship-based internal environment. Why? Because we believe that the quality of the relationships we offer families is what supports them, and what helps them in turn support their children's development.

Marilyn Nolt

But how do you implement the principles of relationship-based work in an environment where families have basically been written off by the larger society? What kind of environment do you create in which staff can work when the environment that families live in is violent, unpredictable, and threatening to their emotional, psychological, and physical well-being?

This is the challenge we face at The Ounce of Prevention Fund in working with families in Chicago's Grand Boulevard community. This area is one of the poorest census tracts in America. It includes the Robert Taylor Homes public housing development complex, which isolates nearly 20,000 people in 28 16-story apartment buildings stretched out along two miles of expressway. There are very few services for children from birth to three in the Robert Taylor Homes. However, on the second floor of one of the Robert Taylor Homes buildings is located the main facility of the Ounce's Center for Successful Child Development (CSCD), which is now one of the Early Head Start sites funded in 1995. The CSCD combines four basic early intervention models — home-based family support services; center-based family support services; prevention-oriented primary health services to children and families; and developmental child care and early childhood education—into a single, comprehensive program.

All of CSCD's services and the vision that guides our overall program are supposed to be about building relationships. But the very nature of the community environment assaults relationships. In the unpredictable, violent world of Grand Boulevard, families have learned that it can be dangerous to raise their children to be open, honest, or trusting. Being "closed" may in fact serve as a useful survival strategy.

Now our staff come to families' doors, saying, "We're open, we're honest, we're direct. We trust you; now you trust us. Let's learn to trust each other. We care about you. Let's work together on things of interest to you and your child. But the families are skeptical. Their environment has taught them that it is not in their best interest to respond so openly.

In a community such as Grand Boulevard, many

families have had less than positive experiences with social service/human service professionals. Sometimes the way in which we as "helping" professionals relate to families has caused them to distrust us.

I can remember how this works. When I was a small child in the 1950s, my mother and her six children needed public assistance to survive. In our state, no help was available for two-parent families. Those were the days when public aid workers could come into recipients' homes at any hour to search for signs of a man's presence. The public aid worker with his or her black book was the most feared person in the community. I was the oldest child in our family, and I remember my mother sitting me down before the public aid worker's scheduled visit and telling me not to mention anything about my father. I remember sitting on the floor as the public aid worker interviewed my mother. I remember how fearful she looked and how scared I felt. These memories are ever-present and useful for me in planning programs and supervising staff as they try to build relationships with families.

When I think about the challenges in this environmen —the pervasive impact of poverty coupled with a traumatizing level of chronic violence—I am amazed that so many families are so resilient. I believe that the families we work with truly want the best for their children. I also know that by the time our program staff come to their doors, many families have had multiple disappointments in relationships, often beginning in early childhood. Many parents have had disruptions in caregiving and separations from their own mothers. Some have had experience with the child welfare system. Some have been involved with drugs and alcohol. And all of them are living—and trying to raise their children—in an environment that is physically and psychologically unsafe. We are only beginning to measure the impact of violent environments on families (and staff), but it seems clear that living in a "war zone" impairs people's ability to engage in relationships. Poverty and violence disrupt the relationship-building process within families and disrupt relationship-building within the community. This is our greatest challenge.

Yet relationship-building is what we must do in Grand Boulevard. The power of relationships is what our program must stand for. A new kind of relationship — an alternative to what people have experienced in the past—is our only leverage and vehicle for change.

In Grand Boulevard, the only thing we—and the families who live there—can control are our relationships with other people. In the 1990s, the Ounce of Prevention Fund can't raise everybody's income above the poverty level. We don't control jobs. We don't control the gangs. We don't control the violence. but what we can "control" is how we go about overcoming the barriers to positive relationships with families. We can be predictable and persistent. We can show, by our consistency, that we offer a kind of relationship that may be different from anything a family has experienced before. It takes a long time to build trust. But we have found that even parents under severe stress are responsive to relationship building.

A relationship-based mission and vision, principles and practices

The Ounce's goal is, through the vehicle of our relationship with families, to support them in nurturing the healthy growth and development of their children. This is why we are in business; this is the mission and vision that we always have to keep before us, like a compass, to guide everything we do. The organization's leaders must revisit the mission and vision regularly and be able to articulate them to staff at every level of the organization. It is staff, after all, who are constantly experiencing the unpredictability, violence, and mistrust of the external environment. They may internalize the stress, anger, and fear that are so prevalent among the families with whom they interact every day. So managers and supervisors within the agency have to be the walking embodiment and reminder of everyone's commitment to the mission and the work. And they must share information and involve staff in decisions that affect their work.

To keep a shared mission and vision alive, you have to revisit it regularly, and you have to break the mission down into principles and practices for the organization. This is the responsibility of everyone in the organization. First of all, the organization's leadership must be willing to engage in the process, and they must create conditions under which the staff feel invested in the process of converting the mission and vision into principles and practices. This open process also provides an opportunity to clear up misunderstandings about the mission. The exercise sounds so simple that many people may be tempted to skip over it. But really listening to staff is never simple, and I believe that the process of developing operational principles that staff can hang on to builds stability in an unstable environment. At the Ounce, we worked on the leadership at the top of the organization to be sure we had a firm commitment and understanding of the type of relationship-based management we were trying to build.

As we developed the program, we refused to compromise on the initial staff development and attention to a supervisory structure we knew we needed. Experience taught us that to neglect this foundation of the program model could only result in failure.

As part of our program planning process, the Ounce has developed a set of assumptions to guide our work. We integrate these assumptions into orientation, training, and supervision for all staff. Here are some of them:

• The Ounce of Prevention Fund supports a program model that provides for the social support, mental health, educational, and developmental needs of

Marsha Nott

infants, children, and families. The model is a marriage between the disciplines of early childhood education, social work, mental health, and infant mental health.

• This is a comprehensive, relationship-based, family-centered service model. To the family, services are part of one whole program, even when they are offered at different locations. Although a major focus of our work is supporting the development of children from birth to five by working with families, the program continues to work with families as their children get older.

• The family-centered concept and relationship-based work are in everyone's mind as we meet each family. All staff members know about all of the services available at the Ounce and in the community, in addition to their specific service area.

• In carrying out the work, all staff across the organization participate in identifying program strengths, service or organizational challenges, and recommendations for resolving them. Duties, responsibilities, and expectations are continually clarified to strengthen accountability in support of our principles and practices.

• In our program model, information flow is vertical as well as horizontal. The vertical flow of communication protects program integrity and provides staff with the information they need to do their jobs. The horizontal information flow promotes teamwork and communication across disciplines.

• Staff agree to be open, honest, and direct in their communication. Staff understand that there can never be only one way to do anything. Staff respect and value colleagues' perspectives, opinions, and expertise. Discussion must lead to action. Staff are committed to resolving issues in the best interests of the children and families we serve.

• We pay attention to process. The way in which things are done is equal in importance to the task and product produced.

A support plan for staff

A support plan for staff implies that the organization and the individuals within it are committed not only to discussing issues but also to doing what is necessary to support staff so that they can do the best possible job with families. The support plan requires an active, dynamic process involving full participation of supervisors and staff.

Our support plan recognizes that although Ounce staff have agreed on our core assumptions and principles, putting them into practice can be hard. It is especially difficult when staff behavior that follows these principles is so foreign to many families' previous experience. So staff members will say, "We are trying to be open and honest. Many families aren't. When we learn from a third party about a situation where a child may be at risk, should we avoid confrontation with the family in order to avoid jeopardizing our relationship?" The answer is no. Part of being open and honest in a relationship is being able to talk to families very directly about their responsibilities and behavior in the program. Staff have been concerned that directness will scare off families, but my response is that we do families a disservice by creating a false relationship. Our goal is to create **real** relationships with people, and relationships are sometimes uncomfortable.

Conflict within relationships is a fact of life, and learning to manage conflict is part of all healthy relationships, as well as an essential part of a child's growth and development. For many of the families we work with, however, conflict has typically meant disappointment, anger, and separation. That is why, as staff, we can't run away from conflict with families. Our relationships with families must model the possibility of having conflicts and uncomfortable feelings in a relationship and still continuing the relationship. We must be able to maintain relationships even in conflictual situations.

But staff cannot be expected simply to absorb all this conflict. You need to create a supervisory support plan for staff that is as carefully thought out as your strategy for supporting families. Our support plan for staff has five components:

1. Regular, ongoing, reflective individual supervision, where it is safe to talk about feelings.

2. Training that reflects the program model and is individualized to each staff person's level of development.

3. Child and family staffings, in which every staff member who touches the lives of families participates in a regular review and discussion of work with families.

4. Leadership supervision seminar. The leadership supervision seminar for supervisors in our program is modeled after one developed by Fran Stott and Judy Bertacchi for staff and supervisors in infant/family programs. The leadership seminar reflects our conviction

that good supervision is the most important ingredient in developing competent staff, in maintaining quality services, and ultimately achieving program goals. The seminar focuses on maintaining quality services, and ultimately achieving program goals. The seminar focuses on:

- Understanding oneself and using oneself as a vehicle for good practice;
- Learning how to establish and maintain a supervisory relationship (particularly in difficult and sometimes conflictual situations); and
- Learning how to ensure that professional goals of staff match program goals.

The supervisors meet every other week to share their struggles and to problem-solve together. They discuss the work of supervising staff and administering the program. Recurrent themes have included:

- Sorting through the responsibilities and functions of their leadership roles as supervisors;
- The role of supervisors in responding to, managing, and resolving staff conflict and needs;
- Dealing with tension and stress; and
- Strategies for protecting the supervisor's time and availability in the face of so many competing priorities.

5. Relationship-based consultation with outside experts who work with staff at regular intervals over a period of time, so that they get to know families, staff, strengths, and areas in need of improvement.

Relationships tie all the components of a staff support plan together. The individual relationship that each supervisor and supervisee have with each other is regular, mutual, and reflective. Training is based on the relationships that staff members have with each other and with the trainers. What is more important, staff have an opportunity to reflect on the content of training through the supervisory process, and to internalize and integrate into practice what they have learned in training. Without the opportunity for reflection, training itself is worthless.

Consultation is relationship-based because consultants have the time to get a picture of what families are struggling with and what staff are struggling with. Staff learn to trust the consultants, and the consultants are then more able to provide insights that are specific to the context of the program, and therefore more useful to staff and families. Finally, child and family clinical staffings become the vehicle through which we examine and strengthen our work with specific families.

Our system of staff support is an effort to create a nurturing environment to "hold" staff, so that they can nurture families. Staff are not immune to the stress of the external environment. The purpose of the support plan is to "inoculate" staff against the toxins in the environment that are likely to keep them from establishing relationship-based programs and services. But "inoculation" isn't enough. Supporting staff involves daily, deliberate, conscious effort. It's like exercise — you can think about the benefits of exercising all you want, but unless you get up and deliberately do something, nothing will change. Every manager, every supervisor, and every staff member has to work diligently to avoid replicating in our work environment the unpredictability, violence, and mistrust outside. So, for example, whenever an incident of violence — like a shooting — occurs in the neighborhood, we stop the regular staff routine and set aside time, as soon as it is safe to do so, to process staff's feelings about the violence. We allow staff to voice their fears and concerns in a supportive environment. If we do not do this, the staff will not be able to support the children and families who have experienced the same violence.

Holding the vision: A task for competent staff

It takes competent staff to build and maintain positive relationships, and to use these as a vehicle to help families support their children's healthy development, even in a stressful environment. Our comprehensive program model requires a staffing plan that reinforces the interdisciplinary nature of the work. At the same time, staff roles have to be defined clearly. One staff person can't be everything to everybody; different people need to be able to take leadership on particular issues. While some key staff need specialized knowledge and skills, it should be clear what value is added to the program by, for example, an infant development specialist or some other specialist.

People are not standing in line seeking to work with "the written-off" in communities like Grand Boulevard. Consequently, as turnover occurs and the program expands, it is critical to create a cadre of staff who can replenish the leadership. You can strengthen internal capacity by providing a strong staff development plan within the organization. This means creating a mentorship track, within the overall supervisory plan, that gives people an opportunity to learn and grow professionally.

Moving forward with relationship-based programs and services

These are some of the ways we have begun to implement a relationship-based model in our organization. This process has been instrumental in changing the way we approach our work with each other and with families. Although we have only begun to implement this model, we have already noticed a difference in the way staff members interact with each other, as well as an increased level of parent participation in program activities. The process of changing and transforming our work has been difficult, complex, time-consuming, and labor-intensive. However, we are confident that this approach will ultimately prove beneficial to the organization, as well as to the community we serve.

A Dream Is a Work in Progress:

Providing Integrated Services to Parents and Children in Rural North Carolina

Lois Sexton, with **Barbara McRae**

New Horizons Center for Children and Families, Franklin, North Carolina

Surrounded by the wooded Nantahala and Cowee mountain ranges, New Horizons Center for Children and Families commands an idyllic hilltop setting near the town of Franklin, in Macon County, North Carolina. During the last 20 years, Macon County, in the Southern Appalachian region of Western North Carolina, has become a popular resort and retirement area. But the rugged mountains and low population density have also created pockets of isolation, and the county continues to experience a poverty rate above the national average. Nevertheless, at New Horizons a well-trained staff provides integrated seamless services to parents and children, combining Head Start, Day Care, and a Parent Child Center. The facilities are first-class — new, spacious and welcoming, with excellent technological resources, seventeen NAEYC-accredited classrooms, fully interactive ITV, and distance learning.

Some visitors to the Center think it represents the culmination of a dream. In a way, it does — but the dream is a work in progress.

The dream that led to New Horizons began in 1965. Macon Program for Progress (MPP), the local Community Action Agency, began a Head Start Program as soon as the first summer grants became available. MPP's visionary founders viewed Head Start as integral to helping low-income residents of the county create better lives for themselves. Acting quickly, with insistence on quality, they set the standard for the next three decades.

I joined the Head Start program as Director in the fall of 1980, during a particularly bleak funding period. Those difficult financial times proved a blessing, however. We learned to use our resources creatively, to look to the community for assistance and seize opportunities as they arose. We are still told we can spin on a dime. Nevertheless, our mission statement — revisited often — keeps us on course and moving forward:

We are a non-profit, human resource organization dedicated to creating, providing and promoting opportunities for learning and growth in children, their families and community. We accomplish our mission by ensuring that:

- *Families participate as equal partners in program development, decision-making and service delivery;*
- *We maintain the leading edge in program quality by recognizing the need for continuous organizational improvement, innovation and training; and that*
- *Comprehensive, family-focused services are delivered to promote strong families.*

Our program philosophy embraces inclusiveness, individuality, collaboration and an appreciation of human differences.

The dream—and the reality—of the New Horizons Center reflect our mission. We designed New Horizons to alleviate many of the problems isolation creates for client families, and to help families improve their economic outlook. I believe strongly that you can't look at children alone, as if they existed without a family. They are only in the program so many hours a day; then they go home. The family is the primary influence and teacher. If we are to be effective, we must find ways to include the whole family. That means helping parents become better parents, but it also means helping them improve their job skills so they can improve the family's economic situation. New Horizons' programs and facilities reflect the changing circumstances of Macon County families. They also represent our community's best efforts to prepare families and children for the future.

Preparing families and children for the future

What will the future be like for Macon County children now in Head Start, and for their families? We have no crystal ball, but some things we can count on. The world they will inherit will be much more culturally diverse than it is now. Jobs will require greater skills. Technology will assume a greater and greater role in their lives. Preparing families for that future is the principal goal of the New Horizons Center for Children and Families.

We identified three principles to best enable the program to meet that goal. First, a real Head Start should begin before birth, not at age three. We know now that the earliest years are vital to future success in life. Thus, we determined that the Center must serve expectant parents and children from birth to three years. Second, the Center must increase the multi-cultural experiences

Mary Ann Delcamp-Cole

available to families. Third, it must make state-of-the-art technology and other educational opportunities available to staff, parents and children.

These principles continue to guide our planning and to influence other MPP projects. For example, MPP constructed a model apartment complex for low-income families adjacent to New Horizons, so that families can live, play and learn together within this community. The attractive "Orchard View" complex opened in the fall of 1994 with 48 units.

Beginning early

At New Horizons' Parent Child Center, a "head start" begins before birth. Expectant parents can sign up for weekly "Baby Ready" sessions, which use a combination of films, books and discussion groups to teach couples about pregnancy, infant development (pre-and post-natal), birth, and infant care. "Baby Ready" also coaches mothers-to-be on breathing and relaxation techniques to prepare them for childbirth. There is a community spirit to the program. Volunteers from several local churches see that parents-to-be are honored with baby showers to help provide for their practical needs.

We pioneered "Early Start" twelve years ago, serving families from before birth to entry into Head Start, with funding from the North Carolina Council on Developmental Disabilities. Early Start paired young pregnant women with staff members who served as mentor and friend through the pregnancy and even in the delivery room. When Head Start expanded the Parent Child Centers, state and federal funding was combined to create a North Carolina PCC Consortium, which I had the honor of chairing.

Now, Head Start has begun a new 0 - 3 initiative, Early Head Start. This is a wonderful program that we hope to become part of someday.

New Horizons integrated infants and toddlers into its program by expanding the responsibilities of each Head Start Coordinator to include seamless services for children from birth to age 5. This required additional staff training in infant and toddler development as well as operational training. In addition, the center serves children with disabilities, from birth to age five, by mainstreaming them into regular classrooms. Those aged 0-3 are served under contract with Smoky Mountain Mental Health service; older children with special needs who have not yet reached mandatory school age are served by personnel provided by the local public school system.

Wraparound funding provided by Child Care Development Block Grants extends the Head Start day for children from three to five years old, while North Carolina Smart Start dollars provide full day services, when needed, for infants and toddlers.

Increased multicultural opportunities

Macon County is a traditional southern Appalachian community, with a strong sense of its mountain heritage. Minorities represent a very small percentage of the population. However, in the past two decades Macon has been one of the fastest growing rural counties in the region. The population is rapidly becoming more diverse. Creating opportunities for natives and newcomers to become more understanding of each other, and giving them a positive exposure to other cultures beyond this relatively isolated area have become guiding principles of the Head Start program here.

Bringing in Job Corps youth with diverse backgrounds to build the New Horizons Center set the stage for a more culturally diverse atmosphere. Because staff and Head Start families were also involved in preparing the center for start-up, there was significant interaction during this phase, culminating in a grand opening ceremony that gave all participants a chance to shine.

MPP Head Start continues to seek ways to increase multi-cultural experiences for all participants. We are taking more and more parents to conferences outside of Macon County, and we have made an effort to increase the diversity of staff. We have worked to make each child feel proud of his or her family and at the same time give children — and their parents — the chance to explore cultures different from their own in a positive way.

Our goal is for newcomers to become part of the community and for those who have always called these mountains home to see themselves as contributors to the community.

Expanded technology and parent education

In imagining what life will be like for our children in the future, we have tried to anticipate what basic skills they will need. Computer skills will obviously be very important for them.

We have computers in all classrooms to provide children with an early exposure to this technology. Thanks to the creative programming available now, even two-year-olds are using computers in their classrooms. We are also bringing the technology to their parents. Working with Southwestern Community College, we are able to offer parents computer courses for college credit, taught on-site by a former Head Start parent. We are using computers in GED training as well. Staff and parents are taking advantage of new opportunities offered by technology to span distances in their learning and communications.

Mary Ann Delvecchio

To accomplish the goal of parent training and education, MPP Head Start staff took additional training in adult education through the community college and from external consultants and in-house, state and regional trainers. These efforts are paying off. Currently, thirteen mothers who graduated from the New Horizons GED program are enrolled in college courses at Southwestern Community College in nearby Jackson County. We have continued our commitment to these women by providing transportation to the college and caring for their children while they are in class.

Our next step was a telecommunications network, designed to greatly broaden the courses available at the center for parents and staff. Technology, such as our distance learning capacity and Internet access, now brings us learning opportunities once available in urban centers only. Moreover, the "information highway" has turned out to be a two-way street. The fiber-optic network of the North Carolina Information Highway, on site at the New Horizons Center, allows the Parent Child Center to initiate courses and provide training for other programs in the state. We can share what we have learned through interactive sessions touching four sites simultaneously. The technology allows participants at all the sites to see and talk with one another.

Funds for our first computer purchases came from regular Head Start grants in 1984. Those dollars allowed us to create the base from which technology training for adult program participants and staff could be built.

The New Horizon Center: A place for putting principles into practice

How did our commitment to the principles of serving expectant parents and families with infants and toddlers, increasing the multicultural experiences available to families, and making state-of-the-art educational technology available to staff, parents, and children lead us to the dream of the New Horizons Center?

Changing needs of families dictated the entire concept of New Horizons Center. For example, the center is open from 6:30 a.m. to 5:45 p.m. year round to accommodate working parents. Twenty-five years ago our Head Start centers were open four days a week, from 9 a.m. to 3:00 p.m. Only about 10 percent of our mothers worked outside the home then; today, 70 percent do. The same approach just doesn't work any more.

We envisioned the Center as a physical facility that would match the quality of the program. We had some excellent core services operating out of very modest buildings. When the New Horizons Center was nothing but a dream, MPP Head Start was already an exceptional program, with both a North Carolina "AA" license and program-wide accreditation by the National Association for the Education of Young Children. But consolidating the program in one location, we decided,

would help us realize significant savings by reducing travel time for Head Start coordinators, centralizing meal preparation, and combining bus routes. The expanded facilities also made enhanced services possible, including full inclusion services for children with disabilities (age 0-5); assistive technology; literacy programs; and extended hours for children age 0-3.

We consolidated the three Franklin centers on the new campus, but the nature of the mountains made it impossible to bring all the existing programs together. The town of Highlands and the Nantahala community are on opposite ends of the county, reachable only on steep and winding roads. Today we serve them with satellite Head Start programs (for children ages birth to 5) and Parent Child Centers (PCC). Burningtown, a third remote community, retains its existing Head Start program, but families are transported to New Horizons for PCC services. Thus we have been able to surmount geography to make the new programs available to all eligible persons in the county.

As a Community Action Agency, MPP has always been concerned with creating economic opportunities for families. This commitment has often taken the form of hiring Head Start parents to work within this or other MPP programs.

Our commitment to helping families has led us into some unusual byways. Until recently, obstetrical services were not available in Macon County, so New Horizons incorporated prenatal care for women participating in its "Baby Ready" program. The Center provides educational opportunities ranging from basic literacy to computer skills, at a time and place convenient for working parents. These opportunities formalize and expand on MPP's long-standing practice of developing the human resources of staff and parents.

MPP's Executive Director, MaryAnn Sloan, gives much of the credit for our success to the community. In her words: "What we have been able to accomplish here is unusual for a small rural area. We have operated the agency with resources within the community. And the community has been very supportive. We are very much integrated into the community and enjoy a good working relationship with other agencies."

From the outset, the parent agency viewed New Horizons as a community where parents would feel comfortable and have a sense of ownership. As a measure of MPP's commitment, the administrative staff has willingly remained in the aging facility where the program began 32 years ago, while the choicest facilities have gone to one of its departments. The beautiful new buildings do make a difference. They give us some energy as staff, and are a source of pride for all — staff, parents and children.

The community spirit at New Horizons is such that parents are encouraged to work with staff members to create and implement programs. They can also interact with their children here, learn parenting skills and attend school themselves. We have drawn all our facilities together at a site where the needs of the parents and children determine the program.

Mary Ann Dukemanovic

The Vision: A quality facility for a quality program

Marketing our expanded Head Start program is based on the perceived value of the services we offer. Those perceptions are based to a large degree on the facilities in which the program is housed. This is true whether we are marketing to parents, other agencies, or to funding sources. Since we moved into the new center, we have noticed a difference in the responses of visitors who visited us before, based solely on facility improvement. We have also seen a significant improvement in staff morale.

The approach we took to constructing the first building on the New Horizons campus was unusual, but it seemed natural given our long history of forming partnerships in the community. The LBJ Job Corps Center, located in Franklin, agreed to take on the complicated project, which included remodeling an existing residence as part of the new structure. This turned out to be the Corps' biggest community project ever. They contributed services with an estimated value of $250,000. The result is an exceptional piece of work in which the young corps members take justifiable pride. I feel it set a new standard for community involvement and interagency cooperation that continues to be exemplified in the program itself.

In addition to the main building, a second, smaller classroom building was constructed on the site using unrestricted funds granted by the North Carolina legislature. This building has since been expanded to house administrative offices and a state-of-the-art training center as part of "Smart Start," a major North Carolina pre-school initiative.

Parents as storytellers

The high technology component exists side-by-side with another effective teaching method that is as old as human history: storytelling. Using a program called MOTHEREAD, New Horizons is fostering literacy and learning in children and adults by helping parents develop their storytelling and reading skills. The program is offered through MOTHEREAD, Inc., a North Carolina non-profit organization. Both Head Start and PCC parents attend the classes.

MOTHEREAD takes advantage of the motivating power of the parent-child connection. Parents attend MOTHEREAD classes to improve their reading skills so they will be able to read to their children. They use children's books as texts and their own personal experience as the basis for learning.

In seminar-style classes, parents explore themes and interpretations of specially selected children's books. After they have discussed a book in class, parents may check it out to read at home to their children. We stress critical thinking and a highly personal approach to language development in the classes. Parents become storytellers, learning to personalize and dramatize the books while they improve their reading skills. They also learn to write and tape-record their own stories, drawing on personal experience and imagination. They even have a chance to publish their stories in a magazine we started, called "Voices from the Mountains."

The family stories developed through these initiatives have become part of a "Transition to Public School" project at New Horizons. Children bring their stories to their kindergarten teachers as a way of introducing themselves and their families.

At the Parent Child Center, parents spend half their class time with their children and the other half exploring opportunities for themselves. In the parents' classroom time, GED preparation and other community college courses are available as well. New Horizons offers four computer classes — three during the day and one at night. Free transportation, child care and a light meal make it easy for busy working parents to attend the evening class.

The parent training part of New Horizons PCC has grown in ways we could not have foreseen. Recently we expanded our storytelling training into video production! Parents tell their stories on video and film their homes and children to create what we think of as a video journal, something that will become an important part of their children's legacy.

Our "Telling the Story" project draws on the rich oral traditions of our major regional cultures — the Cherokee, African-American and Appalachian — as well as those of other ethnic groups, such as the Finnish. We view the videos as a way to capture the power of language in transmitting the human experience.

Now we are going beyond our boundaries. Parents find "video pals" in other cities and swap their video stories as a way of learning about one another. They can strengthen the friendships begun through this project by meeting and talking on the Information Highway.

"Voices from the Mountains"

Hi, my name is Karen Barker. I was born in West Palm Beach, Florida in 1964. I have two wonderful children and a terrific husband. My daughter Traci is four years old and this is her first year in Head Start. She loves going to "SCHOOL." My son Grant is two years old; he enjoys going to the Parent-Child Center because there are a lot of toys and things that he can climb on. I've enjoyed participating in Macon Program for Progress PCC Program because it gives me a chance to improve myself while my children are being well taken care of. I was honored this year by being selected as MPP's Parent of the Year for Macon County. I received an award at the Head Start Conference held February 21-23 in Winston-Salem. I look forward to starting college in the fall at Southwestern Community College, majoring in Cosmetology. I appreciate MPP for making this possible. I thank God for all the opportunities that He is giving to me here in North Carolina.

In our "Telling the Story" project, we have been inspired by a quote from Barry Lopez: "The stories people tell have a way of taking care of them. If stories come to you, care for them and learn to give them away where they are needed. Sometimes a person needs a story more than food to stay alive. That is why we put these stories in each other's memory. This is how people care for themselves."

"Telling the Story" addresses the needs of individual Head Start families, programs and communities. In marketing the real work and outcome of Head Start, we can draw from the stories and video footage to convey the powerful impact of the program on individuals and communities. Our video production equipment provides yet another opportunity for staff and parents to develop new technical skills while engaging in a project that capitalizes profoundly on their story telling experiences.

Training and Development

At New Horizons, we are tireless proponents of lifelong learning. Education doesn't start with kindergarten and it doesn't end with a diploma! With our client families, education begins with children before birth and continues through the parent training programs. We consider learning equally important for staff and devote considerable resources to training in everything from management principles to technical skills.

Working with professional organizations and agencies is another way to develop expertise and gain new ideas. Here we have a bit of a disadvantage, as North Carolina is a very large state. Franklin, in the western mountains, is a six hour drive from the state capital of

My name is Elena B. Williamson. I am of Spanish origin. I came from Honduras, C.A., which is such a beautiful country. It is small in population. I was born in a small city named Progresso in Northern Honduras. All my people are really friendly and honest. I am so proud of my country.

Some people in Honduras harvest bananas, rice, and mahogany for shipment to the USA. My family in Honduras has 17 people living in my house. I have 6 sisters and 2 brothers there. My father is handicapped, and my mother is a homemaker.

I left my country and all my family in 1991 and came here looking for work and a better life. My friend from Honduras helped me to get to this country.

Since I have been in Franklin, I have also helped a friend in Honduras come to Franklin to live. Two weeks after I came here, my friend introduced me to a man who is now my husband. His name is Charlie R. Williamson, and he is a very nice man. We got married on October 12, 1991. I am so happy with him because he is a wonderful husband.

I have 2 children. My first baby was born on August 8, 1992, and her name is Kandi E. Williamson. My second baby was born on December 31, 1993, almost born on New Year's Day. His name is Robert James Williamson. My hometown is Franklin. I have a little house up on the mountain in Upper Burningtown Community. I like it because it is quiet. I like to listen to the noise the creek makes. The water is so clean I can drink it. In the woods, sometimes deer and turkeys come close to my house. My husband also saw two bears close to my house.

In November, 1992 I came to this Program for Progress. I will never forget my first time because at that time I didn't understand English very well. I remember really nice people who tried to help me. They were very patient. One more important thing is to learn to communicate in English with other people. In this program I have learned a lot of things I didn't know before. We have really good teachers who help us to study to take the GED test. In this program we make some crafts, too. We meet new friends every day. I really enjoy this program. The program helped me to get my driver's license.

After I get my GED, I would like to go to Southwestern Community College to get my beautician's license.

My little girl is also in this program. She started when she was one month old and now she is 2 1/2 years old. She really likes coming here. Her teachers are really nice. She is already learning to count. My boy is 1 year and 4 months old. He is learning about animals from an animal book and he likes to point out cows and airplanes to me.

In this program, something really important to me is that we share together. I feel I am part of a big family that helps me to learn more every day.

Something that is also very important since coming to Franklin is that I have become a Christian in April, 1992. In May I was baptized. Now, I visit my church in my community every Sunday. The people in my church are really nice and they have made me feel welcome.

Raleigh, where meetings of most statewide agencies take place. Nevertheless, we have been eager to exchange ideas with others in North Carolina and to promote the welfare of children everywhere.

Despite the distances involved, we have been able to participate in several important committees and organizations working on behalf of North Carolina children. These include the North Carolina Head Start Association, which has worked to obtain funding for facilities across the state, and the North Carolina Interagency Coordinating Council. Participation in these groups has helped our professional growth, brought us important contacts, and given us an opportunity to positively influence children's programs in the state.

I had the opportunity to represent Head Start on the initial Child Care Development Block Grant Committee. That venture culminated in statewide grants to Head Start agencies to allow them to expand their hours. A longer day means that children have continuity of care; they don't have to go from home to babysitter to Head Start to granny's. Although the committee enjoyed great success in reaching its goals, it took a lot of work and a lot of miles to get there! I also serve on the North Carolina PCC Consortium, made up of five Head Start programs which together work to develop multiple PCC models across the state. This consortium is unique to North Carolina.

State and Federal approval of proposals developed by the PCC Consortium allowed MPP Head Start to add services for children ages birth to 3 and initiate service delivery to parents of infants and toddlers. We wanted the opportunity to foster a nurturing family environment and family economic stability at a crucial time in children's development.

One of my most rewarding experiences came in 1991, when I was named to the Head Start Johnson & Johnson Management Fellows Program. The Fellows Program selects local Head Start directors each year to attend an intensive two-week management course at UCLA to sharpen their skills in strategic planning, developing and managing financial and human resources, and program evaluation. The opportunity to participate came at a critical moment for the New Horizons project. As part of the course, I developed a Management Improvement Project (MIP) that incorporated our plans and dreams for the Parent Child Center. The project was awarded one of two MIP Strategic Initiative Awards granted annually to graduates of the program.

In November 1995, New Horizons was selected to represent North Carolina at a week-long Head Start Phase III Management Seminar in Atlanta, developing plans for the future. We christened the plan that came out of that week "Everyday Excellence." We've begun to see that excellence can't be revved up instantly. It is a process owned by us all, which commits us to a standard. In turn, the standard readies us to capitalize on developing opportunities.

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Coming out of that seminar, our team prepared a report that, in turn, brought New Horizons the opportunity to facilitate Head Start management training statewide through the Information Highway. We have just received word (September, 1996) of a grant that will fund this project. Other training initiatives include a parent education project, emphasizing both video production and entrepreneurial development, and a training project that will help other programs move toward NAEYC accreditation.

Implications for other programs

My favorite saying is a line from Carl Sandburg: "Nothing happens unless first a Dream." The dream for the Parent Child Center began years ago, and the dreams of many people have combined to make it reality. Bringing it to life required extensive travel to Raleigh, numerous meetings and helpful coalitions with like-minded groups, tireless exploration of funding opportunities and speaking to every possible audience on the needs of children and families.

An expectation of new ventures and projects has become part of New Horizon's organizational culture. I tell staffers to "get your ideas, plans and goals on paper so you can see what you're working for, then show it to others, so they can 'catch the vision'."

We have learned the truth of the saying, "The whole is greater than the sum of its parts." I believe we have a better literacy program because we have a special needs program. We have a better special needs program because we have a technology program. Everything builds on everything else.

What we've tried to do often, even without funding, is to start programs we thought would be beneficial. The Head Start philosophy of funding has allowed us to move forward on several initiatives — on the literacy program, for example. It takes some courage to "step out of the box," but I've found that funders appreciate it when they visit us and find a quality program that is working. Let meeting needs for children and families become the guide.

Another key to successful funding is building a strong collaborative relationship with grantee agencies. If your goals become the agency's goals, the agency will be willing to devote resources and assets to further mutual objectives. Enlist the help of the grantee agency, form partnerships with other groups, and cultivate friendships with anyone who can influence the project's success.

Anyone contemplating a change as drastic as the consolidation of Head Start programs in Macon County should be prepared for resistance. Change is difficult for us all. To sell your program, take a hard look at the benefits to the population being served. Then mobilize the program and agency staff for support and sell the ideas to the community based on the benefits it will receive.

Finally, you can't overestimate the impact of having a

Mary Ann Hennessy

showplace of services and facilities, marketing your program, and conveying the value of its contributions to the community. This doesn't mean building a local version of the Taj Mahal, but a clean, bright place in good working order, specifically designed and equipped appropriately for the use intended. In other words, a happy place for children and families.

We have found it helpful to develop a formal mission statement and revisit it often. There are many ways to the goal, but sometimes you need to reassure yourself that you aren't getting sidetracked. You also don't want to become too fixed on one solution — be fluid enough to find another way. The mission statement can help you keep things moving forward.

Just as a river broadens as it flows along, our vision has continued to expand. This has taken us into some surprising and exciting new ventures. Still, the driving force embodied in our mission statement remains as consistent as the river's drive to the sea — focused on the desire to make children's lives better, to make society a better, friendlier place for children, and to share what we have learned along the way.

Videotapes

Pathways in Early Intervention Service Coordination (30 min.) with video guide and companion training manual, *Pathways: A Training and Resource Guide for Enhancing Skills in Early Intervention Service Coordination* (215 pages). Produced by Pathways Service Coordination Inservice Project. Distributed by Waisman Center, Room 231, 1500 Highland Ave., Madison, WI 5370-2280. Tel. 608-265-6063. 1996. $80, video and guide; $35, training manual.

Service coordination is a new and challenging role for many family members and service providers in early intervention. To meet these challenges, service coordinators need knowledge and skills related to the laws, the IFSP process, services, resources and personal skills involving communication, conflict management, decision making, problem solving and stress reduction. These personal skills are at a the heart of the partnerships developed between family or other team members, agency personnel and community members. Carrying out the many tasks and responsibilities in service coordination takes different skills in such areas as implementing and monitoring the IFSP; facing unexpected, immediate needs or crises; and facilitating transitions.

This video illustrates some personal challenges faced in the provision of early intervention service coordination. Each of four scenarios highlights important skills and depicts one or more dilemmas. Following each scenario, questions to guide discussion appear on-screen. Viewers are asked to respond to the questions, to generate solutions and solve problems in ways that would be viable from their perspective and community context.

Detailed information about the complex issues raised on the videotape is provided in the training guide, *Pathways: A Training and Resource Guide for Enhancing Skills in Early Intervention Service Coordination*. The training guide, developed for inservice and preservice training, also includes activities, practical resources, overheads and handouts.

Families of Young Children with Special Needs, a video series. Produced and distributed by Concept Media, P.O. Box 19542, Irvine, CA 92623-9542. Tel. 800-233-7078. Fax 714-660-0206. 1996. $280 each tape.

For years the focus of early intervention programs was on the child with disabilities, the emphasis being almost solely on what parents, sibling, and professionals could do to promote the child's development. Other family members were overlooked, often resulting in serious and long-lasting repercussions. Discerning educators saw the need to redirect the focus of early intervention programs away from the child with disabilities and onto the family as a whole. These videos reflect that shift in thinking.

Family Crisis (27 min.). This program follows two families as each learns that their child has special needs. Supportive techniques are illustrated for revealing a diagnosis with possible parental reactions described and discussed. Three overlapping and concurrent crises—diagnostic crisis, values crisis and reality crisis—are explored. The tape examines the roles of professionals in helping families through their crises and the value of support offered by other parents of children with special needs.

Understanding Families (24 min.). Nationally known educator Ann Turnbull is featured in this program. She illustrates the contemporary view of early intervention using the family systems approach. Components of this approach are discussed, including family characteristics, family interaction, family functions and the family life cycle. Three factors are examined in depth—attitude, belonging, and sharing of information—that professionals can use to help influence the family's sense of empowerment.

Importance of Fatherhood, a three tape video series. Produced and distributed by Concept Media, P.O. Box19542, Irvine, CA 92623-9542. Tel. 800-233-7078. Fax 714-660-0206. 1996. $700, the series. $280 each tape.

Deeply significant societal changes in America in the past 40 years have resulted in greatly increased rates of divorce and out-of-wedlock births. Some have called these changes a "vast natural experiment in family life." It is estimated that over 50 percent of American children can expect to spend some of their childhood in homes with only one parent, usually the mother. This series illustrates the vital and unique contribution of fathers to their children's lives, the societal forces that cause fathers to drift away from their children, and the resulting detrimental effects on the general society and on the children themselves.

Life with Father (28 min.). This program begins with a discussion of the role of the father from the time of conception and compares the parenting behaviors of mother and fathers. The historical roles of fathers are described and aspects of the contemporary roles are discussed. The tape examines the unique contribution of fathers to their children's development. David Blankenhorn, author of *Fatherless America*, defines and discusses the significance of issues identified in his study of fatherhood such as breadwinning, protection, and sponsorship.

Disappearance of the Father (25 min.). This program cites figures which indicate that the United States is increasingly becoming a "fatherless nation" and identifies societal factors that are contributing to this phenomenon. The tape focuses on reasons many non-custodial fathers gradually drop out of their children's lives and the detrimental effects of this on the children and on

society as a whole. The role of the stepfather is also examined.

Life without Father (25 min.). This program addresses the emotional effects of fatherlessness and the difficulty of separating those effects from the trauma of family disruption such as divorce. Some of the destabilizing events in a child's life resulting from a marital breakup are also discussed. The tape describes the effects of fatherlessness on children's school performance and later development. The tape concludes by discussing some strategies to counter the flight of fathers from their families.

The Healing Cycle: Infants in Recovery (19 min.). Produced for and distributed by Epiphany Early Intervention Training Program (a program of Mt. St. Joseph - St. Elizabeth), 100 Masonic Ave., San Francisco, CA 94118. Tel. 415-567-8370. 1996. $45., accompanying training handbook, $10.

This video suggests that for some infants the time of intrauterine growth can be painful as a result of drugs, alcohol and other substances in their systems that disrupt feelings of security and protection. Caring persons can create, for the newborn infant, an environment that restores a sense of connectedness and begins the healing process. By meeting the needs of this special population of infants, caregivers will help with the formation of self regulation, trusting attachments, self esteem and healthy movement patterns. In this tape child development professionals describe and demonstrate a healing environment that includes: listening and communicating; touching in a comforting way; changing the environment; creating physical security; and developing healthy movement patterns. Caregivers who create this healing environment become more aware and respectful of individual personalities. Children who know they are unconditionally loved and respected are able to grow up with healthy levels of confidence and self esteem. As they learn to regulate their physical responses they learn to value this ability to control and adapt their behavior. By raising children who love themselves, the video argues, we are raising children who feel confident in their abilities to communicate their thoughts, needs and feelings.

Publications

The Case for Kids (1996) — Produced by The Carter Center Mental Health Program, The Florida Mental Health Institute, and The Center for the Study of Social Policy (Carter Center Mental Health Program, One Copenhill, Atlanta, GA 30307). Free on request.

Is a national movement committed to improving outcomes for children and families possible? This question, and the host of conceptual and practical questions that flow from it, formed the basis for a symposium entitled "Community Strategies for Children and Families: Promoting Positive Outcomes," held at the Carter Center in Atlanta, Georgia, February 14-16, 1996. In this publication, including articles excerpted and adapted from symposium presentations and discussions, Charles Bruner, Director of the Child and Family Policy Center in Des Moines, Iowa offers a vision for children, families, and neighborhoods that calls for new forms of family supportive front-line practice; reconstructing public systems to embrace new principles; building social capital through collective action; and creating economic opportunity and hope.

John Gates, Director of the Carter Center Mental Health Program suggests that "resiliency"—as a concept and a goal— may be the easy-to-understand rubric needed to bring programs for children and families to scale. Programs that foster resiliency can be offered to all children, not just those at risk, and can be viewed as relevant to persons of all income levels. Frank Farrow, Director of Children's Services Policy, Center for the Study of Social Policy, makes the case for neighborhood networks of family support, based on the premise that conditions will not improve for many families unless they receive the help they need closer to home, and in a form attuned to the conditions in which they live. Robert M. Friedman, of the Florida Mental Health Institute, notes the need for "leadership teams," people who can transcend an individual vision and work together over the long term to create and sustain meaningful change.

Symposium participants discussed the barriers of racism and classism, public apathy, poverty, and the alienation of youth, and ways to overcome these barriers. They call for a broadly inclusive coalition of community associations, for-profit and nonprofit develop-

Note: As part of its commitment to offer *The Case for Kids* as a tool for individuals and organizations working toward promoting more positive outcomes for children and families, the Carter Center Mental Health Program has provided resources to ZERO TO THREE to mail a copy of the report to all of its subscribers, along with the October/November, 1996 issue of the bulletin, *Zero to Three*.

ment corporations, local agencies, organizations, and faith groups, to unite with their national counterparts to create a unified, coherent voice for families and children.

Guidelines for Family Support Practice (1996) —Family Resource Coalition Best Practices Project (Family Resource Coalition, 200 South Michigan Avenue, 16th Floor, Chicago, IL 60604) $35 plus $5 shipping and handling.

This publication is the product of a multi-year effort on the part of the Family Resource Coalition's Best Practices Project, chaired by Douglas Powell and Bernice Weissbourd, which sought to identify, define, and articulate quality practice in the field of family support. The Guidelines are built around nine principles of family support:

1. Staff and families work together in relationships based on equality and respect.
2. Staff enhance families' capacity to support the growth and development of all family members—adults, youth, and children.
3. Families are resources to their own members, to other families, to programs, and to communities.
4. Programs affirm and strengthen families' cultural, racial, and linguistic identities and enhance their ability to function in a multicultural society.
5. Programs are embedded in their communities and contribute to the community-building process.
6. Programs advocate with families for services and systems that are fair, responsive, and accountable to the families served.
7. Practitioners work with families to mobilize formal and informal resources to support family development.
8. Programs are flexible and continually responsive to emerging family and community issues.
9. Principles of family support are modeled in all program activities, including planning, governance, and administration.

How these principles of family support guide the practice of community-based family support programs is illustrated in chapters on general areas of practice—relationship building, enhancing family capacity, affirming diversity, programs in communities, and program planning, governance, and administration. The Guidelines include practice examples based on the actual experiences of families and practitioners, as well as a discussion of challenges programs encounter when they attempt to operate in accordance with family support principles.

Resources available from The Finance Project's Working Papers Series (1995-1996) - (The Finance Project, 1341 G Street, N.W., Washington, DC 20005) $5.00 per report.

The Finance Project is a national initiative, supported by a consortium of private foundations, that is designed to improve the effectiveness, efficiency, and equity of public financing for children's services. Over a three-year period that began in January, 1994, the project, directed by Cheryl Hayes, is conducting a range of policy research and development activities, including the production of working papers on issues and options for federal, state, and local financing for education and other children's services. The working papers, developed by project staff or outside researchers and analysts, are seen as works in progress that will be revised and updated as new information becomes available. Among the working papers currently available are:

Compendium of Comprehensive, Community-based Initiatives: A look at costs, benefits, and financing strategies (July, 1995) — Cheryl Hayes, Elise Lipoff, and Anna Danegger review 50 comprehensive community initiatives to document what is known about their costs, the results they achieve, and the ways in which they are financed. The compendium highlights examples of innovative efforts to create more flexible funding. The review also observes that due to the dearth of rigorous evaluations of comprehensive, community-based initiatives, little generalizable information about the costs and benefits of these efforts is available.

Conceptualizing the Costs of Comprehensive, Community-based Support Systems for Children (November, 1995) —Jennifer King Rice provides a template to guide local policymakers through a systematic consideration of the total and marginal costs of the resources necessary to operate comprehensive, community-based support systems once they are in place in a community. A societal cost analysis provides information on the full value of the resources devoted to a program and the ways in which the cost burden is distributed among various individuals and organizations. A marginal cost analysis focuses on the net difference in cost between the "old" or "standard" uses of a particular resource and the "new" uses of that resource in a comprehensive, community-based support system.

Beyond Decategorization: Defining barriers and potential solutions to creating effective comprehensive, community-based support systems for children and families (April, 1996) —Martin E. Orland and Ellen Foley interviewed 18 administrators of initiatives described in the Compendium to learn about perceived barriers to successfully implementing comprehensive children's and family services. These included structural/legal barriers associated with the current categorical system; inadequate knowledge and commitment to collaboration among administrators and staff; the lack of a sustainable base of political support; and the absence of quality management and evaluation data systems. The authors recommend that state policymakers: 1) work to coordinate state agency program strategies and resource allocation policies; 2) move toward a results-based accountability system; 3) invest in a cross-agency information infrastructure; 4) encourage more integrated pre-service training experiences for children's and family service administrators and providers; 5) provide monetary

incentives for collaboration; and 6) help to ensure multi-year funding for comprehensive initiatives.

A Strategy Map for Results-based Budgeting: Moving from theory to practice (September, 1996)—Mark Friedman, a member of the Finance Project's Working Group on Results-based Planning, Budgeting, Management, and Accountability Systems, defines results, indicators, and performance measures and offers a framework for choosing them. Building on lessons from state, local, and private initiatives, the paper suggests how to build political and community support, reallocate resources and tie them to results, integrate results-based budgeting into the existing budget process, and avoid common pitfalls.

Helping Work Environments Work (1996) - Harry M. Leichtman (Child Welfare League of America, c/o CSSC, P.O. Box 7816, 300 Raritan Center Parkway, Edison, NJ 08818-7816). $22.95. Workbook also available.

The "working environment," according to Harry Leichtman, is a subjectively held phenomenon that varies from person to person, and is an amalgam (and interplay) of what the operation offers (e.g., rewards, quality of leadership, organizational culture), and what the employee is in the moment (e.g., in terms of ability, professional aspirations, personality, social behaviors) and in multiple contexts of "development." The book and the accompanying workbook stress five major themes: 1) the informed individual is a social service agency's best resource; 2) multiple perspectives are essential for adequate consideration of the complex issues confronting social service agencies; 3) we are all affected by others' outcomes; 4) substantial, sustained organizational change primarily comes from within an operation, not from outside; and 5) effective leadership is required on three organizational levels—the designated leader of a work group, the senior administrators overseeing an agency's "domains of expertise," and the agency's director. The text and companion workbook are designed to be used by individual readers or as the basis for a series of systematic discussions within a work group.

The Effectiveness of Early Intervention (1997) - Michael J. Guralnick, editor (Paul H. Brookes Publishing Company, P.O. Box 10624, Baltimore, MD 21285-0624) $79.00.

The first generation of early intervention research, conducted prior to the passage of P.L. 99-457 in 1986, demonstrated the general effectiveness and feasibility of early intervention programs for children born at risk as well as for those with established disabilities. Yet it did not sufficiently address the complexities facing practitioners, the issues created by the emergence and recognition of substantial populations of children at risk, or provide adequate information to guide policy decisions. The challenge for the second generation of early intervention, then, is to determine what interventions work best, for whom, under what conditions, and toward what ends. A central theme of this volume, according to editor Michael Guralnick, is to establish an agenda for a second generation of research in the field of early intervention that addresses these issues, as well as adequately reflecting the complexities and interrelatedness that exist among child and family characteristics, program features, and early intervention outcomes.

Two sections of the book are concerned with early intervention programs for children at risk because of a range of factors, including poverty, prematurity, prenatal exposure to alcohol and other drugs, and parental unpreparedness or maltreatment. Contributors to these sections include Donna Bryant, Kelly Maxwell, Heidelise Als, Clancy Blair, Craig Ramey, Amy Pakula, Frederick Palmer, Heather Carmichael Olson, Donna Burgess, Douglas Barnett, Maurice Feldman, Herbert J. Cohen, Keith Crnick, Elizabeth Stormshak, Donald B. Bailey, Jr., and Kathryn Barnard. Two parallel sections focus on children with established disabilities. Contributors to these sections include Donna Spiker, Marita R. Hopmann, Geraldine Dawson, Julie Osterling, Susan R. Harris, Lee K. McLean, Juliann Woods Cripe, Carolyn Webster-Stratton, Rosemary Calderon, Mark Greenberg, Philip Davidson, Gayle Harrison, Carl Dunst, Carol Trivette, Wendy Jodry, Mary Beth Bruder, Jeanette McCollum, and Mary Louise Hemmeter. Chapters in both of these sections examine research primarily carried out since 1986. Separate chapters in each section focus intensively on three program features: 1) social support; 2) parent-child interaction; and 3) curricula.

The last section of the book considers new directions for evaluating the outcomes of early intervention. Michael Guralnick and Brian Neville put forward the domain of social competence as a potentially useful goal and outcome of early intervention. Marty Wyngaarden Krauss examines outcomes for families. Cathryn Booth discusses how early intervention could be devoted to enhancing parents' problem-solving abilities and altering their attitudes and belief systems.

Home Visiting (1996) - Carol S. Klass, foreword by Jeree Pawl (Paul H. Brookes Publishing Company, P.O. Box 10624, Baltimore, MD 21285-0624) $34.00.

Author Carol Klass describes home visiting as "a new profession in which adults strive to assist other adults in improving their everyday family life." This book is designed for home visitors and for those who do supervision, preservice, and in-service professional development of home visitors. Klass uses a developmental frame of reference throughout the book, based on assumptions that: 1) development occurs within and through relationships; 2) all relationships involve mutuality; and 3) child and parent development are intertwined with their social environment.

The first section of the book focuses on the complexities of the home visitor role. Klass sees the relationship

between the parent and the home visitor as the "scaffolding" that makes it possible for parents to gain new understanding of their child and to strengthen their parenting practices through their home visiting experience. She discusses two levels of skills needed for effective home visiting: 1) communication and interpersonal skills; and 2) additional discrete skills essential in promoting the home visiting process, including promoting informal supports; networking with community agencies, institutions, and organizations; promoting specific program agendas; maintaining efficient organization and management; and being aware of legal and ethical issues, including confidentiality. Klass also discusses work with culturally diverse families and home visitors' professional development. Klass illustrates her points with extensive vignettes, most from an extended study of one exemplary home visitor.

In the second section of the book, Klass addresses specific topics that home visitors find important. These include the child's developing sense of self; guidance and discipline; communication and language; routines, rituals, and celebrations; play, learning, and development; and siblings. The third section of the book discusses the relationship of person and profession in the field of home visiting, using the life histories of two exemplary home visitors as the basis for hypothesizing about how themes in their life histories intersect with their home visiting work. A discussion of the professional competence of home visitors who had troubled childhoods is also included in this section.

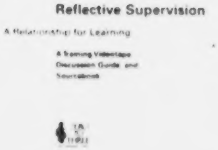
Developmental Milestones

The McCormick Tribune Foundation has granted $75,000 to support ZERO TO THREE's public education initiative, which is designed to widely disseminate science-based information on social and emotional development in the first three years of life to parents, professionals and opinion leaders. Specifically, the grant enables us to: 1) add an oversampling of 200 parents who are on public assistance and who have children from birth to three to the national telephone surveys already underway; and 2) to conduct additional focus groups comprised of the same population to the message development and testing portion of the research. This grant also supports the design of appropriately sensitive communication materials for this population, drafted and designed in the most culturally competent and effective formats.

The A.L. Mailman Family Foundation has awarded $50,000 to enhance the usefulness to parents of our new publication, *New Visions for the Developmental Assessment of Infants and Young Children*. While *New Visions* already includes parents' perspectives and is edited to be as accessible as possible to the lay reader, it was originally developed to appeal primarily to practitioners, educators, and administrators concerned with the design, implementation and oversight of developmental assess-

Reflective Supervision: A Relationship for Learning

A training videotape, discussion guide, and sourcebook



Developed over a period of seven years, *Reflective Supervision: A Relationship for Learning* presents a model of trainee and staff support and professional development that is appropriate and feasible for use in the widely diverse training and practice settings of the infant/family field

This training videotape package includes:

- a 60 minute training videotape featuring Linda Gilkerson, Jeree Pawl, and Rebecca Shahmoon Shanok;
- a complete annotated video transcript and discussion guide for trainers and facilitators;
- five original masters for handouts or overheads; and
- *Learning through Supervision and Mentorship to Support the Development of Infants, Toddlers, and Their Families* (the "yellow book"), an 18-chapter collection of essays on key concepts of reflective supervision; supervising and mentoring students and practicing professionals; and supervision as a component of relationship-based management.

This complete training package is available for **$125.00**. To order by credit card, call ZERO TO THREE's publications department toll free at **1-800-899-4301**.

ment activities and standards. Thus, in its present form, *New Visions* is too detailed and complex a resource to be useful to some parents. The new project will identify, distill, and revise content from the original document into language and formats which are readily accessible to parent audiences.

The Pritzker Cousins Foundation is funding ZERO TO THREE's efforts to develop and disseminate educational materials for early childhood professionals, parents and others working to promote the healthy development and school readiness of America's young children. A $60,000 grant will enable us to strengthen our efforts to increase the effectiveness of infant/family programs across the country by developing and disseminating two sets of educational materials which address critical gaps in knowledge of early social and emotional development. A set of wall charts on the theme "How I Grow in Your Care from Zero to Three" will be available for sale in early December, 1997. The second set of materials, featuring stories and dilemmas of front-line infant/family practitioners, with guides for discussion, will be field-tested in late Spring of 1997.

An anonymous funder has awarded a grant of $50,000 to enable ZERO TO THREE to seize the tremendous opportunity presented by today's telecommunications technology and the Internet to provide critically needed information, expertise and support to professionals who work with infants, toddlers and their families in rural settings. Our project reflects the concerns, interests and expertise of selected infant/family leaders who themselves are on the "cutting edge" in investigating how electronic communications tools can be used to combat rural practitioners' isolation from the knowledge, expert guidance and collegial support which are essential to effective practice with young children and their families.

The Charles A. Dana Foundation is supporting a ZERO TO THREE effort entitled *What Do Early Childhood Educators and Interventionists Need To Know About Neuroscience?* With the recent research findings about the development of the brain in the first three years of life, ZERO TO THREE realized it was important for neuroscientists and experts in infant/toddler development to work together to ensure that new findings about early brain development and ongoing awareness of neuroscience become a core component of the knowledge base of early childhood professionals. ZERO TO THREE will address this urgent issue through a training of trainers approach, which will bring together a small group of faculty members at leading institutions that train specialists in infant/family practice and university-based neuroscientists who specialize in early brain development to: identify useful findings, identify communication vehicles, plan teaching strategies, and outline a multi-site, multi-year initiative, which includes curriculum and materials development.

Position Available at Erikson Institute

Erikson Institute, an independent graduate school affiliated with Loyola University Chicago which offers a master's degree in child development, teacher certification, and infancy, and a Ph.D. in child development, seeks candidates for a full-time, tenure track position in infancy and early childhood. The position includes teaching a human development sequence and courses in infant studies; supervising students; and developing an Infant Mental Health Component in a well-established Infant Studies Program. Candidates must have an earned doctorate in developmental or clinical psychology, child development, early childhood special education or a related field; relevant teaching and scholarship/research experience; and experience working with infants and their families. Knowledge of early intervention in high-risk communities is desirable.

Applicants for this position should send a curriculum vitae, reprints and preprints of their scholarship, a statement of teaching, clinical and research interests and arrange for three letters of reference to be sent to: Linda Gilkerson, Ph.D. and Robert Halpern, Ph.D., Co-chairs, Faculty Search Committee, Erikson Institute, 420 North Wabash Avenue, Chicago, IL 60611. **Materials are due no later than January 15, 1997.**

ZERO TO THREE's Website is now in preparation. Our e-mail is up and running. Organizational address: 0to3@zerotothree.org. Editor, *Zero to Three*: e.fenichel@zerotothree.org.

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